	TO BE COMPLETED BY FUNERAL DIRECTOR
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FOR STATE REGISTRAR

			ICATE OF	DEATH	REG. NO.	
iddle, Last)	EN	C12 Robert	Encil Hi	cks, Sr	2. DATE OF DEATH MONTH 3 -3 PAY	7
	5. SEX	8. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	ĺ

	1. DECEDENT'S NAME (First, MI	AT S-10	12 Robert Er	gil Hi		DATE OF DEATH	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR		DATE OF BIRTH	5. BIRT	THPLACE (State or Foreign	
	218-32-5437	16 M 2 🗆 F	58 YAS. MC	NTHS DAYS	HOURE MIN.	Month, Day, Year)	Cour	aryland	
	90. FACILITY NAME (If not institu	ition, give street end number)	. 4	b. CITY, TOWN D	R LOCATION OF DEATH	90	COUNTY OF		
DIRECTOR	RESIDENCE OF DECE	ALLOWELL	4 1	1EW	WINDS	02	CHR	14511	
EC		b. COUNTY	10c. CITY, 1	OWN DR LOCAT	ION		10d. INSIDE CITY		
	Maryland	Carrol1	Ne	w Winds	sor			1 YES 2 X NO	
JAL	10e. STREET AND NUMBER			101.	ZIP CODE	10		WHAT COUNTRY?	
FUNERAL	1426 Hallo	well Lane 12. WAS DECEDENT E	VER IN 11 S ARMED	12 WAS DEC	21776 ENDENT OF HISPANIC D	BIGIN7 (Specify Vec or I	_	S.A.	
BY FU	1 Never Married 2 Me 3 Widowed 4 Divorce	rried FDRCES? 1 X	YES 2 ND OR DATES	If yes, spe	city Cuben, Mexican, Pu 2 X NO Specify:		Bie	ck, white, etc.	
		ENT'S EDUCATION	15a. DECEDENT'S US			16b. KIND OF BUSINE	SS/INDUSTRY	WILLE	
COMPLETED	(Specify only hi	ghest grade completed)) College (1-4 or 8+)	(Give kind of work life. Do NOT use n	k done during mo etired.)	at of working				
MP	12	5+	engir	neer-su				packaging	
	17. FATHER'S NAME (First, Middle				· · · · · · · · · · · · · · · · · · ·	First, Middle, Melden Surr	name)		
BE	Howard H. H		19b. MAILING AG	OORESS (Street a	Evelyn nd Number or Rural Route		tate, Zip Code1		
2	Janet Smetan	a Hicks			1 Lane Ne		011 100 100	1776	
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITE			100000000000000000000000000000000000000	IDN — City or		
4	4 Donation 5 Other (Sp	pecify)	Pipe Creek				New W	indsor, MD	
	21. SIGNATURE OF FUNERAL S	e V. Sart	blen		Windsor.	D.D. Hart	tzler 8	& Sons	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease Dr Injury that Initiated events resulting in desth) LAST DUE TO (DR AS A CONSEDUENCE OF): d.								
MEDICAL C	PART II. Other algorificant	conditions contributing to de	eath but not resulting in	the underlyin	g cause given in Par	24a. WAS AN AUTPERFORME 1 YES 2	D?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
_					-			1 100 2 100	
CIAI	25. WAS CASE REFERRED TO I	HOSPITAL:			ACE OF DEATH (Check	only one)			
PHYSICIAN:	1-2 YES 2 NO	1 Inpatient 2 E	R/Outpatient 3 DOA 4		e 5 🗆 Residence 6 🗆				
ВУ РН	1 Natural 5 Pe	" 1 TES 2 NO							
	3 Sulcide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	0001	YING PHYSICIAN: To the best of m						e(e) and manner as stated.	
BE	296. SIGNATURE AND TITLE O	2 Wel	lue M	D	29c. LICENSE NUMBER	1496	od. DATE SIGN	ED (Month, Day, Year)	
5	DANSE	ERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P	rine) 9	12 WA	SHING	DN	YOYLA HANDAN	
	31. DATE FILED (Month, Day, Ye	ar) anyme yan	- Glowwith State of the State o	101	011			2.115	

BALTIMORE, MARYLAND 21215-0020

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Signe	9 Dept. of Health and Mental Hygiene prior to burial, crema	tem 23 shows any injury, or other traumatic
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92 10502 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH DATE OF DEATH MANNEY 31, 399999 YEAR 10:35AM 3. TIME OF DEATH GORDON HAINES M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MARYL'AND IF UNDER 1 YEAR IF UNDER 24 HRS. 09701725 MALE 220-18-0009 66 YRS 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1019 TANEYTOWN PIKE DIRECTOR WESTMINSTER CARROLL RESIDENCE OF DECEDENT 100. STATE CARROLL WESTMINSTER TION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 1019 TANEYTOWN PIKE 101. ZIP CODE 21158 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 1 Never Married 2 Married IF YES GIVE WAR OR DATES 1 YES 2 NO BY SNO 3 Widowed Mangrained SWHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Q MACH. OPERATOR TOOL MANUF. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) CLARENCE HAINES MERLE BARNES BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 DORIS B. HAINES 1019 TANEYTOWN PIKE WESTMINSTER 21158 20a. METHOD OF DISPOSITION BURIAL
1 □ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata PTPE CREEK CEMETERY 4/3 NR. NEW WINDSOR, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS NEW WINDSOR, MD 23. PART I. Enter the diseases, or complications that suised the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Fine) **Onaat and Death** diseese pr condition aneau -015 ancread IOMOS reaulting in death) DUE TO (OR AS A COM CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMILABLE PRIOR TO 1 TYES 2 NO COMPLETION OF CAUSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 TES & NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO Natural 5 Pending Investigation BY 1 YES 2 Accident 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 1) CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as attend.

296. SIGNATURE AND TITLE OF CERTIFIER Lade anedood Welve

29c. LICENSE NUMBER LOTOG 29d. DATE SIGNED (Morgh, Day, Year) 92 4

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF THATH ITEM 27) (Type, Print)

ESPENSCHADE, PARK W. JR.

419 MALCOLM DR.

WESTMINSTER, MD

31. DATE FILED (Month, Day, Year) 6 '92

32 REGISTRAR'S SIGNATURE

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Dr.

D. Shah,

APR 03 1992

P.O. Box 131, Pinto, MD

12. RECISTRAR'S SIGNATURE 00

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAN	D / DEPAR						YGIEN	_		
	1. DECEDENT'S NAME (First, Middle,			HARM	AN	•			2. DATE OF MONTH March	DEATH		YEAR	3. TIME OF DEATH 7:05 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, De	BIRTH	1992	8. BIRTHI	PLACE (State or Foreign
	211-12-9500	1 💢 💢 2 🗆 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	05-	13-1		Country	Czech
E	9e. FACILITY NAME (If not institution, give street end number)						R LOCATIO	ON OF DE	EATH		00404.438	NTY OF DE	
15		RESIDENCE OF DECEDENT					land					lleg	any
DIRECTOR	10e. STATE 10b. C	Allegany		y, town o Lumbe								10d. INSIDE CITY LIMITS? 1 YES 2 X	
FUNERAL	10e. STREET AND NUMBER	10s. STREET AND NUMBER					ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
NE	307 Bourbon						215					SA	
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	NO		yee, sp	ENGENT O	n, Mexice	NIC ORIGIN? (S on, Puerto Rica y:	pecify Yes n, etc.)	or No —	14. RACE Black, Specify	— American Indian, White, etc.
ETED	15. DECEDENT	S EDUCATION		. DECEDENT'S	USUAL OC	CUPATIO)N		16b. KIP	ID OF BUS	INESS/IND	USTRY	white
LET	(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT un	work done one retired)	luring mo	st of workin	9					
COMPL	12			ret.	Mech	ani	st			Tire	Co.		
	17. FATHER'S NAME (First, Middle, La						18. MOTH	HER'S NA	ME (First, Midd	le, Meiden	Surname)		
BE	John Harms 190. INFORMANT'S NAME (Type/Print			19h MAILING	Anneree	(Ctunot o	nd Mumbas		a Repa				
2	Mrs. Marv M.	Harman							umberl				
	20a. METHOD OF DISPOSITION 1 Burlet 2 Commetted 3			CE AND DATE	OF DISPOSI			EL C	OATE		CATION —		
	4 Donetion 5 Cher (Specify	1	Ros	edale	fune Fune	ral	Char	æl	4-3	М	lartii	nsbur	ca, WV
-	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	lli		22. 1	Sca:	pell	ss of fac	uneral	Home		· · · · ·	
	23. PARO i. Enter the discessed ahock, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a,	ise on each	line.	not enter	the mo	de of dyli	ng, suci	MD 21 h as cardiec	or respir	ratory arm	est,	Approximate Intervel Betwee Onset and Dasi
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discesse or injury that initiated events resulting in death) LAST		OR AS A CON			R7	Dire	EAS(3				
AL	PART II. Other algnificent con	ABETES						lven in		- WAS AN A	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDIC					91-		•		_ '	YES 2	NO.	1	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	CAL				28. PL	ACE OF OE	EATH (Che	eck only one)				
SIC	1 YES 2 TAO	HOSPITAL:	ER/Outpation	t 3 🗆 DOA	OTHER		5 🗆 Rei	sidence	8 Other (Sp	ecify)			
ву РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigs	(Month, D	1 let inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
	3 Suicide 8 Could not determine	28e. PLACE C	F INJURY — A etc. (Specify)	t home, farm, s	treet, facto	ry, office			28f, LOCATIO City or To	N (Street er wn, State)	nd Number (or Rural Ro	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXA	PHYSICIAN: To the best of AMINER: On the basis of e	my knowledge	, death occurre	nd at the time	ne, date Inlon, de	and plece,	end due	10 the ceuse(a) end manr place, end	ner ee state	d. ceuse(s)	and menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CER		PLA				29c. LICE		IBER	T		SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Type.	Print)		w 4					1	. /

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction for any and any areas of the funeral direction of the f	al,	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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NER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ë
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /				IEALTH AN DEATH	D MEN1	TAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)	Irene		over				MO	TE OF DEATH	AY	YEAR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 234-96-2358	5. SEX	8. AGE (In yrs. las	ti birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 H	s. 7. DA	TE OF BIRTH		. BIRTHPLACE	3:45 P. M E (State or Foreign V. Va.
TOR	98. FACILITY NAME (It not institution, give str Garrett County Mer		ospital		9b. CITY,		kland	F DEATH		2.3	rof DEATH	
DIRECTOR	10e. STATE 10b. COUNTY	ston			у, тоwn o						INSIDE CITY LIMITS?	
FUNERAL	10e. STREET AND NUMBER	10. STREET AND NUMBER 205 Sanders St.					ZIP CODE	2676	4	10g. CITIZE	USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 1. Never Married 2 Married 11. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES				- "	yes, sp	ENDENT OF HIS ecity Cuben, Me 2 NO S	xican, Puer	GIN? (Specify Yes to Rican, etc.)	or No-	Black, Whit	merican Indian, a, atc. White
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5	(Gi	CEDENT'S tive kind of a Do NOT us OUSE	e retired.)	CUPATIO	ON st of working	1	16b. KIND OF BUS	Domest		
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	illiam F	. Wotrin	ıg					t, Middle, Melden • Wotri	Sumame)		
TO E	190. INFORMANT'S NAME (Type/Print) Delores Pomeroy		Rt	1 B	OX 11	.8 B	Ter		umber, City or Tow ta, WV		ode)	
	20s. METHOD OF DISPOSITION 1/2 Cremetion 3 Removel from State 20s. PLACE AND DATE Of DISPOSITION (Name of Cemetery, cremetory or other place) 20s. LOCATION - City or Town, State 20s. LOCATION - City or Town, State											
	Arthur H. Wright Funeral Home, Inc. 105 Highland Ave. Terra Alta, WV 26764											
	Interval Batween IMMEDIATE CAUSE (Finel disease or condition)										Approximate Interval Between Onset and Death	
_	s. cardiac failure months bue to (or as a consequence of): ischemic heart disease years											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIF	that initiated events resulting in death) LAST		(OR AS A CONSEC									
MEDICAL	PART II. Other algnificant conditions	contributing to	deeth but not re	esulting i	n the und	ferlying	cause given	In Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	AWAIL	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH?
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL					00 54	105 OF BEAT				1 🗆	YES 2 NO
SIC	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	:	ACE OF DEATH					
ВУ РН	27. MANNER OF DEATH 1. Watural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	ny, Yoar)	28b. TIMI INJ	JRY M		RK? 'ES 2 NO	28d. D	ESCRIBE HOW II	JURY OCCUP	RED	
	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								umber,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:											nenner se stated,
TO BE	296. SIGNATURE AD TITLE OF CENTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Mg/II), Doy, Year) 1 5 3 3 9 4 2								Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO Thomas Johnson, M. 1		N. 4th S			and,	MD 21	550-1	.197			
5	31. DATE FILED (Month, Dey, Year) APR 3 1992		R'S SIGNATURE	M.					•		-	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

print by the hospital or attending physician.	Amount be detached for use as the burial-transit	willed at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Transport by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must remained at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIEN	E	10000	
	1. OECEDENT'S NAME (First, Middle, Last) ALTON	ED	MUND	HUGHE	3	2. DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF D		3. TIME OF OEATN 7:10 P.M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTNPLACE (State or Foreign	
	214-10-9128	1 XX M 2 □ F	83 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Pay, Year) 9-14-08	MA	RYLAND	
_	9e. FACILITY NAME (If not institution, give a	street and number)			OR LOCATION OF DE	EATN	9c. COUNTY O		
6	519 TONY TANK			SALT	BURY		WICO	OMICO	
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CIT	, TOWN OR LOCA	TION			10d. INSIDE CITY	
DIRECTOR	MD WIG	COMICO	S	ALISBUR	7			LIMITS?	
A I	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF WH		
FUNERAL	519 TONY TANK				21801		U	.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, lack, White, etc.	
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			2XX NO Specif			nectfy:	
	15. OECEOENT'S EDU	CATION	16a. DECEDENT'S	HOUAL COCURATION	Nu	16b. KIND OF BUS		HITE	
COMPLETED	(Specify only highest grade	completed)		vork done during me		166. KIND OF BUS	SINC 58/INUUS I K		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	LUMBER	BUSINE	SS	E.S.	ADKINS		
MO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
	HARRY (UNK)	HUGHES			GERTRI	UDE (UNI	()	PARKER	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code,		
5	SUSAN H. WHITAKE	R	34 SI	ERRA LA	NE ARNO	OLD, MD 2	1012		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren	owal from State	20b. PLACE AND DATE		(Name	DATE 20c. LO	CATION — City o	r Town, State	
	4 Donation 5 Other (Specify)		PARSONS C	EMETERY			LISBURY	, MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENGER		HOLL	DWAY FUN	ERAL HOME			
	100011	Holfore	aus		SNOW HIL		SBURY, 1	MD 21801	
	23. PART i. Entar the diseases, or ahock, or heart fallure.	complications that ca	used the death. Do r	ot anter the me	da of dying, aud	th as cardiec or reap	ratory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final							Onset and Death	
	disease or condition resulting in death)	· (300	neho price	mai				2 days	
	QUE TO (OR AS A CONSEQUENCE OF):								
NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) b. Metastatu and Recurst Squarmor Cell Caramin The R fore								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Salvas	AS A CONSEQUENCE OF	Cosan	in 1 12	. Rlv.		3	
FIC	CAUSE (Disease or injury that initiated events	C PUE TO (OR	AS A CONSEQUENCE OF	P):	1	a 1 for			
F	reaulting in death) LAST	4			•				
	DARW II Other significant and disc				111111111111111111111111111111111111111				
*AL	PART ii. Other aignificant conditio	ne contributing to dea	ith but not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
Ö						1 TES 2	DHO	OF DEATH?	
M								1 YES 2 NO	
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 5	LACE OF DEATH (C)	heat anti-anel			
SC	EXAMINER? 1 YES 2 NO	HOSPITAL:	(Outpetlest 2 DOA	OTHER:	./				
HYS	27. MANNER OF DEATN	26s. DATE OF INJ	URY 26b, TIM	E OF 28c, IN	JURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	NJURY OCCURE	0	
YP	1 Return 5 Pending	(Month, Day, 1	bar) IN.		YES 2 NO				
	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF IN	JURY — At home, farm,	street, factory, offi	20	28f. LOCATION (Street		rel Route Number,	
TEC	4 Nomicide determined	building, atc.	(эреспу)			City or Town, State			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of my	knowledge, death occurr	ed at the time, dat	and place, and du	to the cause(s) and ma	nner as stated,		
OME	torious orny							se(a) and manner as stated.	
	29ம் SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)	
BE	Mito A Insle	and Ins			Do 82	-11	13/	20/62	
5	30, NAME AND ADDRESS OF PERSON W				Ph.	I.PAINSI	Y JR 1	ир	
	145 CARROLI	STREE	T SX	121530	ey me	2180/	,		
1	31. DATE FILEO (Month, Day, Year)	82. REGISTRAR'S	SIGNATURE						
0	MARIS 1 19892	- Company							

		1. DECEDENT'S NAME (First, Middle, Last)	K.	How	Dard		2.	DATE OF DEATH	Y 15 2	3. TIME OF DEATH
_		4. SOCIAL SECURITY NUMBER 221-28-3107	5. SEX 6.	AGE (In yrs. lest b		YEAR IF UNDER		DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Lewes, Delawar
2, 3 should	ECTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE								
nit. Pages 1,	DIREC	Dela coure 106. COUNT	Sussex		10c. CITY, TOWN OR Re. W.L		(REHOB	OTH BEACH)		10d. INSIDE CITY LIMITS? 1 YES 2 NO
i. Insit permit.	FUNERAL	100. STREET AND NUMBER ROHI BUX 3/	2 - 01d L	anding	Rd.	10f. ZIP CODE	9971		10g. CITIZE	N OF WHAT COUNTRY?
5-0020 ofing physician is the burial-tra	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT.E FORCES? 1 (X) IF YES, GIVE WAR Vietnan	OR DATES		es, specify Cubs	of HISPANIC On, Mexican, Pu Specify:	RIGIN? (Specify Yes erto Rican, etc.)	or No—	N. RACE — American Indian, Black, White, etc. Specify: White
(0)	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 Yrs.		(Give	DENT'S USUAL OCC kind of work done du o NOT use retired.)	ing most of workin		PROPANE (ВТЯУ
	ш	17. FATHER'S NAME (First, Middle, Lest) George H. Howard				1 _	er's name (irst, Middle, Melden S Wler	Sumame)	
MAR e retained e 5 should		19a. INFORMANT'S NAME (Type/Print) Vicky A. Howard		196. I O1.	d Landing	treet and Number	or Rural Route	Number, City or Town	, s _{min} , z _{ip} c	Rehoboth Be
AORE, ne 6 may be rector, page		20a METHOD OF DISPOSITION 1 (X Burlal 2 Cremation 3 Ram 4 Denation 5 Cother (Courty)		20b. PLACE AN	DOATE OF DISPOSITI	ON (Name of		OATE 20c. LOC	ATION - CH	
BALTIMORE, ler death. Page 6 may be the funeral director, page		21. SIGNATURE OF FUNCTION SERVICE LA	Lebon		*ME	ME AND ADDRES LSON FUN LLSBORO,	ERAL SEP DELAWAR	RVICES, LTD E 19966).	
in 24 hours at ely filled in by nation, or remo		23. PART 1. Enter the disease, or shock, or hear failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.					atory arrea	Approximate interval Between Onset and Death
executed n and con to burial, and con matter and con to burial, and co		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUE	Cance ENCE OF): Lay Cun ENCE OF):	oma i	2 the	lung		unkrown
		that initiated eventa reaulting in deeth) LAST	DUE TO (OR	AS A CONSEQUE	ENCE OF):					
RECORDS requires that the d een signed by the of Health and Mei	MEDICAL	PART II. Other algorificant condition	a contributing to de	ath but not res	uiting in the unde	rlying ceuse g	jiven in Part	1. 246. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
F VITAL RESIGNATION The law requestrificate has been on the State Dept. of the law 13 should be state them 23 should be state the state the state that	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DE	EATH (Check or	nly one)		
〇光碧春	i <u>≥</u>	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,)	URY 2	DOA 4 Nursin	Home 5 Re	28d	Other (Specify) OESCRIBE HOW IN	JURY OCCUP	RED
DIVISION OR ATTENDING F DIRECTOR: After hours after death		3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN building, atc.	IJURY — At home (Specify)	, farm, street, factory	, office	281.	LOCATION (Street an City or Town, State)	nd Number or	Rural Route Number,
			CIAN: To the best of my							ause(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ea MI	4014		29c. LICE	HOLY		29d. DATE S	IGNED (Month, Day, Year)
			EA BAC	TIMORE	MARYL	MO				
1+	8	MAR 2 0 1992	guna Davi	SIGNATURA CLACON—Mand	402					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cereation, or removal. IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other transatic event, the medical axaminar must be marified at once.	

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AI	ND MENTAL HYGIEN	
	1. DECEDENT'S NAME (First, Middle, Last) Margie 4. SOCIAL SECURITY NUMBER	Margie F	ARRIS	CYIS	4 DATE OF BISTH	AY YEAR 3. TIME OF DEATH 9 2 9 9 1 9 M 0. BIRTHPLACE (State or Forwign
	219-10-1242 Sa. FACILITY NAME (If not institution, give s	1 - M 2 D +	66 YRS. MOI		July 2,192	25 Virginia
DIRECTOR	HARFORD MEM	orial Hosp		HAVRE de G	,	HARFORD
		Harford	10с. сіту, то Јорра	NWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 PES 2 NO
FUNERAL	1526 Philadelphia	a Road		101. ZIP CODE 2108.	5	10g. CITIZEN OF WHAT COUNTRY? USA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ⊠NO	If yes, specify Cuben, N	ISPANIC ORIGIN? (Specify Yee lexican, Puerto Rican, etc.) Specify:	e or No— 14. RACE — American Indian, Black, White, etc. Specify, White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use rei	done during most of working		of Education
BE CON	17. FATHER'S NAME (First, Middle, Lest) Otis —	Honaker		18. MOTNER Jul:	's NAME (First, Middle, Melden ia Lou	Sumeme) Meadows
TO B	190. INFORMANT'S NAME (Type/Print) Larry A. Harris				Pural Abuse Number, City or Tow. Abingdon, N	
,	20g. METHOD OF DISPOSITION 1.6.1 Burlel 2 Cremation 3 Rem 4 Donetion 6 Other (Specify)		PLACE AND DATE OF D	SPOSITION (Name of	DATE 20c. LO	CATION — City or Town, State Abingdon, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE MACHINE	20 111	Howard K. I	McComas III F	Funeral Home, P.A.
CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. DUE TO (OR AS A OUE TO (OR AS A	worul	wonce of dying,	auch as cardiac or reapi	Approximata Interval Between Onset and Death MWG
MEDICAL	PART II. Other algnificent condition	a contributing to deeth b	ut not resulting in the	e underlying cause give	n In Part I. 24a. WAS AN PERFOR	AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEAT		
	27 MANNER OF DEATH Natural 5 Pending	284. DATE OF INJURY (Month, Day, Year)	28b. TIME OF NUURY	Nursing Nome 5 Reside 28c, INJURY AT WORK? M 1 YES 2 No	28d. DESCRIBE HOW I	NJURY OCCURED
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree			and Number or Rural Route Number,
COMPLET		CIAN: To the best of my knowl				
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		PATAL	29c_LICENSI		d due to the ceuse(a) and menner as stated. 20d. DATE SIGNED (Month, pay, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) Type, Prin	" FALE:	11. M	411192
	31. DATE FILED (Month, Dey, Year) ADD 0 3 997	32. REGISTRAR'S SIGN	ATURE Candelle	[UVC7]	Mu, III	C 21050

TO BE COMPLETED BY FUNERAL DIRE

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	retai	5 5		TOTAL STATE
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	d wit	mple	Cre	PWen
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	de b	Skila	prior	E
	tifica	100	ene	ther
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	8	DIR	hour	them
	MAI	RAL	27	11 3
	HOSE	UNE	within	CANT
	뿔	물	A pol	PORT
	2	6	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPART			MENTA	L HYGIENE REG. NO.	9	4 10508
1. DECEDENT'S NAME (Fire	t, Middle, Last)	100				2. DATE	E OF DEATH	YEA	3. TIME OF DEATH
		Lee HERRMAN				Mar	ch 5, 19	992	5:10 PM M
4. SOCIAL SECURITY NUM				IF UNDER 1 YEAR	HOURS MIN.		OF BIRTH th, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
315-05-2665 90. FACILITY NAME (If not A		1 111		01 DOWN	OR LOCATION OF D	Fel			ndiana
8320 Shar					erick	JEAIN .	90	E COUNTY O	ederick
Maryland	Frede	, ,		erick	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
8320 Sha		ive		,	01. ZIP CODE 21701	1	10	U.S.A	DF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married XX 3 Wildowed 4 Diversity		12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR D	2-NO	If yes, s	CENDENT OF HISPA specify Cuben, Mexic S 2 1 NO Speci	an, Puerto	N? (Specify Yee or i Rican, atc.)	3	NACE — American Indian, Slack, White, etc. Specify:
15. DEC (Specify on	CEDENT'S ED	UCATION le completed)	16a. DECEDENT'S U	rk done during n	TION post of working	184	b. KIND OF BUSINE		The second secon
Elementary/Secondary (College (1-4 or 5+)	life. Do NOT use	retired.)			II		
T CATHED'S MALE (C	And the Account		HO	memake			Home		
17. FATHER'S NAME (First, A Earle		rding					Middle, Melden Sum		
19a. INFORMANT'S NAME (19h MAILING A	OORESS (Street	and Number or Rural				
James E		mann II			Orive, Fr				
20a. METHOD OF DISPOSIT			PLACE AND DATE OF	DISPOSITION (A		DAT			r Town, State
1 G Burlet 2 Crematic		noval from State cam	etary, crematory or other	er pleca) Momoris	1 Cardor	ac Mo	mah 0 1	002 E	rederick, Md.
21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE							
Kicha	36	Jun .	MO0255	Ke	eeney and	l Bas	ford P.A	. Fur	neral Home
IMMEDIATE CAUSE (Fild disease or condition resulting in death) Sequentially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or Injuited initiated events resulting in death) LAS	tions, idiate ING	DUE TO (OR AS A	CONSEQUENCE OF:	rocun					Onset and Death
PART II. Other significa	ent conditio	d		the underlyli	ng cause given in	Part I.	24a. WAS AN AUTO PERFORMED		24b. WERE AUTOPSY FINDINGS
hyn	7	collows					1 YES 2 (1)		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL	HOSBITA			PLACE OF DEATH (CI	heck only o	ne)		
1 TES 2 NO		HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	me 5 Residence	6 COthe	er (Specify)		
7. MANNER OF DEATH	De settini	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT	28d. OE	SCRIBE HOW INJUI	Y OCCURE)
	Pending Investigation			M 1 🗆	YES 2 NO				
	Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, offi	ce	26f. LOC City	CATION (Street and N or Town, State)	lumber or Ru	rel Route Number,
		SICIAN: To the best of my know ER: On the basis of examination							se(s) and manner so stated.
96 SIGNATURE AND TITLE					29c. LICENSE NU				NED (Month, Day, Year)
43		Zelus			17:46			3/	, ,
		HO COMPLETED CAUSE OF DE	. , , , , ,					1	
Dr. P.	Grego	ry Rausch 5	01 West S	Seventh	St., Fr	eder:	ick, Md.	2170	1
MAR 0	6 1992	2 Felia Davidsor	- Aandell						

100 E. J. oby

	REGISTRAR		CENTIF	ICALE	IF DEAL	П	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	IRIS H	EPPNE	FR		2	DATE OF DEATH	· di	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS. 7	DATE OF BIRTH	10.8	HRTHPLACE (State or Foreign
	214-54-0341 9a. FACILITY NAME (If not institution, give a	1 M 2 X F	63 YRS.	MONTHS DA	HOURS	MIN.	(Morith, Day, Year) 03/05/192		earneysvilleWV
DIRECTOR	Frederick Memoria			Frede		ON OF DEAT	N	Frede	
8	10e. STATE 10b. COUNTY	Y	10c. CIT	Y, TOWN OR LE	CATION				10d, INSIDE CITY
	Maryland Fred	derick	Br	unswic					LIMITS? 1 X YES 2 NO
FUNERAL	13 West "C" Street	et			101. ZIP CODE 217			10g. CITIZEN USA	OF WHAT COUNTRY?
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS	DECENOENT O	F NISPANIC	ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian, Black, White, atc.
84	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 XNO				Specify: White
TEC	15. DECEDENT'S EDU- (Specify only higheat grade	CATION completed)	16a, DECEDENT'S (Give kind of	USUAL OCCUP work done during	ATION most of working	g	16b. KIND OF BUS	INESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bartend				F.O.E. 1	136	
OM	17. FATNER'S NAME (First, Middle, Last)				16, MOTN	IER'S NAME	(First, Middle, Maiden 5		
BE C	Charles Reynolds	Fellers					Virginia		nastar
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str			te Number, City or Town		
۴	Roland West Heffr	er, Sr.	13 We	st "C"	St.,	Bruns	wick, MD	21716	
	20a. METNOD OF DISPOSITION DO Burlai 2 Cremation 3 Rem	oval from Stata C6	b. PLACE AND DATE of metery, crematory or o	ther place)				CATION — City	
	4 Donation 5 Other (Specify)	ENSEE / S	rownsvill	e Chur	Ch Cem	etery	3/6 Brow	msvill	e. MD
	Parbara A. Wi	A. Wille Miams. Fun	a francis	Joh	n T. W	illia	ms Funera	1 Home	ek, MD 21716
	23. PART I. Enter the diseases, or o shock, or heart failure.	complications that cause	d the deeth. Do r	ot enter the	moda of dyle	ng, such s	s cardisc or respir	ratory srrest,	Approximats
	IMMEDIATE CAUSE (Final	A			,				Interval Between Onset and Death
	disesse or condition resulting in death)	. Acute	MYOCA	MOIN	LIN	PAR	CTION		FEW Hours
_		DUE TO (OR AS	A CONSEQUENCE OF	F):					
CERTIFICATION	Sequentisity ilet conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	ን:					
F	cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF	า:					
E	resulting in death) LAST	d							
	PART II. Other algnificent condition	s contributing to death	but not resulting i	n the under	vina ceuse a	iven in Par	rt t. 24e, WAS AN A	umpey	24b. WERE AUTOPSY FINDINGS
EDICAL	EMPHYSE			110 0110011	ying couse g	NON III F BI	PERFORI	MEO?	MAILABLE PRIOR TO COMPLETION OF CAUSE
MED	INSUUN	DEPENDE	NT DI	TBETT	3 M	EUI	- 1 TYES 2	NO	OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DE	ATN (Check	only one)		
IXS!	1 YES 2 NO	1 Inpatient 2 Involve		4 - Nursing I			Other (Specify)		
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY	INJURY AT WORK? YES 2		Bd. OESCRIBE NOW IN	JURY OCCURE	0
COMPLETED	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, s	treet, factory, o	ffice	26	B1. LOCATION (Street as City or Town, State)	nd Number or Ru	ral Route Number,
PE	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	vledge, death occurre	ed at the time,	lata and place,	and due to 1	the cause(s) and many	ner as stated.	
ĕ O									se(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Maria	M	n	29c. LICE	NSE NUMBE	7	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETEO CAUSE OF D	EATH (ITEM 27) (Type,	Print)		100/	7)	- 3,	17/14
	MALINE A	LIGHTER,	BRU	WWIC	ck, i	MD	21716		
	MAR 1 3 1992	O COMPLETEO CRUSE OF DO LGALER 32, REGISTRAR'S SIGI Julia Davidso	n-Randall						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

(T) -

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

	1 - STATE REGISTRAR	017	TE OF IM	CE	RTIF	ICATE OF	DEAT	ANU N		TGIEN EG. NO.	_		
	t. DECEDENT'S NAME (First, Mic	idle, Last)							2. DATE OF D	EATH			3. TIME OF DEATN
	MATTHEW	T.		HILL					03 /	03		92	8:20 P M
	4. SOCIAL SECURITY NUMBER	5. SE		B. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B		/ 1/		LACE (State or Foreign
	214-44-1483	MX	M 2 🗆 F	46	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day	(Year)	Olive	Country)	
1	9e. FACILITY NAME (If not institu	tion, give street end	number)			9b. CITY, TOWN (OR LOCATIO	ON OF DE	June	20,1		NTY OF DEA	rginia
k						S. S. BWE		2000					****
15	THE JOHNS H	DENT	HOSPIT	AL		BALT	LMORE	CIT	<u>'Y</u>		BAL	TIMOF	RE
DIRECTOR	10e. STATE 100	b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION					1	IOd. INSIDE CITY
	Maryland	Montgo	mery			Brook	evil	le					LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP CODE	E			10g. CIT		AT COUNTRY?
EB	3224 V	andever	St.				2	0833				TI	SA
FUNERAL	11. MARITAL STATUS	12, W	S DECEDENT	EVER IN U.S. ARI		13. WAS DEC			IC ORIGIN? (Sp	ecify Yee	or No-	14. RACE -	- American Indian
BY F	1 Never Married 2 Mar	100	PRCES? 1 [YES 2 N	0	If yes, sp	2 N NO	n, Mexican	n, Puerto Rican.	, etc.)		Black, Specify:	White, etc.
	3 Widowed 4 Divorced		1961-	63			- 22	opoury.				Specify.	White
		NT'S EDUCATION has grade complete	ed)	18e. DEC	EDENT'S	USUAL OCCUPATION	N et of workin	-	16b. KINI	OF BUS	INESS/INC	USTRY	
Ш	Elementary/Secondary (0-12)	Colle	ge (1-4 or 5 +)	life.	Do NOT us	se retired.)							
D N	12			Ele	ctri	cal Cont	ract	or		Cons	truc	tion	
COMPLETED	17. FATNER'S NAME (First, Middle						18. MOTH	IER'S NAM	ME (First, Middle	, Melden	Surname)		
BE		arles M	. Hill						deline				
10	19e. INFORMANT'S NAME (Type/I					ADDRESS (Street e							
ы	Toni L. H	111			224.	Vandever	St.	, Br	ookevi	lle,	Md.	2083	3
	20e. METNOD OF DISPOSITION ☐ Burlel 2 ☐ Cremetion	3 🗆 Removal fro	m State	20b. PLACE A	ND DATE	OF DISPOSITION (Na	me of		DATE	20c. LO	CATION -	City or Town	7, State
	4 Donation 5 Other (Spe			M	eado	w Branch			6/92	We	stmi	nster	, Md.
	21. SIGNATURE OF FUNERAL SE	PRVICE LICENSEE		,		22. NAME AN	D ADDRES	Mo To	sworth	D A			
	Olin L	Moles	moth						Rd., D			Ma	20972
	23. PART i. Enter the disea	sea, or complic	etiona thet	ceused the dec	th. Do r	ot enter the mo	de of dyl	ng. nuch	ea cardiac	or readi	retory ar	J'ACL .	Approximate
	SHOCK, Dr neart	fellure. Liet on	ly Dne ceuse	on each line.						эт тоорл	atory an	eut,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	E	· Cura	2011	E	lo L.	1.10						Onset and Death
	reaulting in death)	a	DUE TO (O	R AS A CONSEC	ENCE O	MCDO	012						ITTOUT
-		- 0	المسان		10 10 I	splant							4
CERTIFICATION	Sequentially list conditions if any, leading to immediate		DUE TO (O	R AS A CONSEO	UENCE OI	SPIGNE							11 Letins
S	cause. Enter UNDERLYING	') .											
Ĕ	CAUSE (Disease or injury that initiated events	,	DUE TO (O	R AS A CONSEC	UENCE OF	ም):							
E	reaulting in death) LAST	d.											
	PART II Other significant o	anditions some	dhudha a d										
DICAL	PART II. Other algnificant of	Onditional contr	ibuting to de	eeth but not re	eulting	n the underlying	ceuse g	iven in F		PERFOR			ERE AUTOPSY FINDINGS WARLABLE PRIOR TO
ă	+11 CINCOSON	Mr. Bra	Y \						iX	YES 2	□ NO	C	OMPLETION OF CAUSE F DEATN?
M										1		t	TYES 2 NO
Ž													_ ′
ਹੋ	25. WAS CASE REFERRED TO ME EXAMINER?		PITAL:			28. PL OTHER:	ACE OF DE	ATN (Chec	ck only one)				
YSI	1 TES 2	1040	patient 2 🗆 E	R/Outpatient 3	∃ DOA	4 Nursing Nome	5 🗆 Red	sidence 6	Other (Spe	cify)			
PHYSICIAN: MEI	27. MANNER OF DEATN	1	Month, Day.		28b. TIM	E OF 28c. INJU	JRY AT		28d. DESCRIBI	E NOW IN	JURY OCC	URED	
à	1 Natural 5 Pend 2 Accident Inves	ling Higation				4.0	ES 2	NO					
	3 Suicide 8 Coul	0 110(00	e. PLACE OF I	NJURY — At hom	o, term, s	treet, fectory, office			28f. LOCATION City or Tow	(Street e	nd Number	or Rural Rou	te Number,
COMPLETED	4 Nomicide deter	mined							Only or row	n, State)			
2	29e. CERTIFIER (Check only	NG PNYSICIAN: To	the best of my	y knowledge, dea	th occurre	d at the time, date	end place.	end due t	the cause(e)	end men	ner en state	ad .	
S													nd manner ee stated.
- 11	296. SIGNATURE AND TITLE DEL						29c. LICE						
BE	SID X	10010	N	ND			PA	140	1		ZVO. DATE	2 CO	fonth, Day, Year)
임	30. HAME AND ADDRESS OF PER	MON WING COMP	LETED CAUSE	OF DEATH (ITEM	27) (Type	Print)	10	110	7 1			14	14
	600 N i	volle	Store	100	F		nep.	8	Mil	-	2120	7	
	31. DATE FILED (Month, Day, Your)	32	REGISTRAR	SIGNATURE	4	1 101	410	A Common	עיוו	4	in 1 Com	<u> </u>	
	MAR 0 9	1992 9	wila xuv	idon-Ran	dell								
التسا	mrul V V	IVVL V											

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Commence Section

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Mary and the state of

Test A. Little

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TO BE COMPLETED BY FUNERAL DIRECTOR
. CERTIFICATION
ETED BY PHYSICIAN: MEDICAL
TO BE COMPLE

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ALE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Lust) Verne Kendall	Hoy				2. DATE OF DEATH MONTH 3- 22-1	992	YEAR	3. TIME OF DEATH 3:25A M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	F UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
467-12-4630	1 [XM 2] F	72 YRS. M	ONTHS DAYS	HOURS MM.	7-26-191	a	Count	(Y)
Sa. FACILITY NAME (If not institution, give	etmet and number)		- OUTY TOWN					N.D.
				OR LOCATION OF DE	ATH		NTY OF D	EATH
Kent & Queen Anne	e's Co. Hosp	ital INC.	Cheste	ertown		Ke	nt	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT								
IOS. STATE		10c, C114,	TOWN OR LOCAT	ION				tod. INSIDE CITY LIMITS?
MD	Kent	C	heste	rtown				1 X YES 2 NO
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITI	ZEN OF	WHAT COUNTRY?
101 Manor Roa	d			21620			US	٨
ti. MARITAL STATUS	12 WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Y	an or No		
1 Never Married 2 N Merried 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 NO DATES	If yes, sp	ecity Cuban, Mexica 2 NO Specify	n, Puerto Rican, atc.)			E — American Indian, k, White, etc. My: White
15. DECEDENT'S EDU		16a. DECEDENT'S US			16b, KIND OF B	USINESS/IND	USTRY	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wor.	k done during mo etired.)	st of working				
Lional y occordary (0-12)		01.				-		
47 CATHERNO MARAP (Time Middle 1 - an)	5+	I Chirop	racto		Medi			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maide	n Surname)		
H. Victor Hoy				Glend	a Roush			
19a. INFORMANT'S NAME (Type/Print)		196. MAILING AL	DRESS (Street a	nd Number or Rural F	Route Number, City or To	wn, State, Zip	Code)	
Barbara Keele	v Hov	samo	as ab	0.17.0				
20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF			DATE 20c. L	OCATION —	City or To	
1)(3)Burial 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	noval from State	emetery, crematory or other	place)					
21. SIGNATURE OF FUNERAL SERVICE LI		t. Pauls	Ceme	tery 3/	216/92 CT	este	rto	wn, MD
21. SIGNATURE OF FUNERAL SERVICE LI	CEMBER			D ADDRESS OF FAC		1 **		
May B	+ 111.000				ls Funer			
22 DARY I Franch House	J. S. S. COULS		1413	High St	Chester	town	MD	
23. PART i. Enter the diseases, or shock, or heart fallure.	List only one cause on	ed the death. Do not each ilne.	enter the mo	de of dying, suci	h aa cardlec or rea	piratory srr	est,	Approximata Interval Between
IMMEDIATE CAUSE (Finel	1			110				Onset and Death
disesse or condition resulting in death)	. Vent	NOW INST	Fil	ovillat	2			
readiting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	1 1	BITTOTAL	1,000			
_	Tick	inemi	- 11	1	disea	- 0		İ
Sequentially list conditions,	b. DHE TO (OR AS	A CONSEQUENCE OF):	14	an I	DISEC	861		
if any, lasding to immediate cause. Enter UNDERLYING	M. 1	1-0	0.	101-				
CAUSE (Disease or Injury	a Till	U LOSAL	- 1	VC >				
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	11	41 0				
resulting in desth) LAST	o JV	Tal of	bre	Ush	n.			
DARK IS ONLY IN THE SECOND								
PART II. Other algnificant condition	ns contributing to death	but not resulting in	tha underlying	g cause given in	Part I. 24a, WAS A	N AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
UARDID	MEGAL	Y-			t □ YES	. 1		COMPLETION OF CAUSE
(some sul;	ad Call	40 Vase	ula.	2005	R	7		OF DEATH?
) and	VAS U		J Jeu-				t YES 2 NO
25 WAS CASE DESERVED TO MEDICAL								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Chi	ock only one)			
1 VES 2 NO	t (Inpatient 2 - ER/Ou			e 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C			28d. DEŞCRIBE HOW	INJURY OCC	CURED	
t Natural 5 Pending	(Onni, Day, 1881)	MJOH		RK7 res 2 No				
Achident investigation 28e PLACE OF INLIBRY At home form short factors office.								
3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
						_		
29a. CERTIFIER (Check only	ICIAN: To the best of my kno	wiedge, death occurred :	nt the time, data	and place, and due	to the cause(s) and m	enner as state	ed,	
	ER: On the basis of examinati) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	-			29c. LICENSE NUM	IBER	29d. DATI	SIGNED	(Month, Day, Year)
5. J- WORW	257.1)			D350	48	3	12	2192
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, Pr	int)					
Medical Bldg.								
DIUS	Chastar	town Mn	214	20				
			216	20				
31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S SIG			20				

notified at 2 must examiner medical nding physician and completely fille Hygiene prior to burial, cremation, the traumatic event, has been signed by the attending physician in Dept. of Health and Mental Hygiene prior to a 23 shows any Injury, or other traum HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Item TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to filed within 72 hours after death with the State iMPORTANT: If Item 28 is marked, or Item

MEDICAL

PHYSICIAN:

BY

COMPLETED

2

29 BE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Month DAY YEAR March 25,1992 Ella Mae Hicks :00 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 TF DAYS HOURS 218--16-9491 YRS. 73 ,1919 March 11 MD 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH 104 Main St (at home) Galena, Kent DIRECT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Kent Galena FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 104 Main St. 21635 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 2 X NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2XXNO BY Specify Specify 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Bookkeeper Galena Bank 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First Middle Maiden Surname) George E. Hicks BE Etta Whittaker 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MD 21620 Spencer Court Street, Chestertown Skipp, Kave Atty, 20a. METHOD OF DISPOSITION
M. Method 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Olivet U.M. Church Cem 3/28/92 Galena 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home, P.A. Jari Millington, MD 21651 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heert fellure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onsat and Death disease or condition RESPIRATORY resulting in death) IMMED EURAL 3 WEEKS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if any, leading to immediate cause. Enter UNDERLYING TASTATIC BREAST CANCER CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE DF) that initiated events resulting in death) LAST

PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY

25. WAS CASE REFERRED TO MEDICAL

12 2/22	CONTRACTOR OF THE PARTY OF THE	PE	RFC	PAMEO?	-
		 1 🗆 Y	ES	2 NO	0

24b. WERE AUTOPSY FINDINGS AVAILABLE PRICE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

26. PLACE OF DEATH (Check only one)

1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	DOA 4 Nu	R: rsing Home 5 - Residence	6 Other (Specify)	
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED	
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, fac	lory, office	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)	

1 __ CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as steted

SUCHATUME AND TITLE OF CERTIFIER	
MAD. O	MIN
will street	001.0

29c. LICENSE NUMBER 522813

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Cecil-Kent Health Ctr., Cecilton, MD 21913 (Patricia Greve, M.D. 31. OATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF M	IARYLAN	D / DEPAR CERTIFI				NTAL HYGIEN	E	
1. DECEDENT'S NAME (First	, Middle, Last)	MARY ROSE	MARIE				2.	DATE OF DEATH	Y YEA	1 . 10
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 Y	EAR IF UNDE		DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
214-36-1091		1 □ M 2 🌣 F	55	YRS.	MONTHS D	HOURS		(Month, Day, Year) L-5-1937	Ce	Maryland
9a. FACILITY NAME (If not in	stitution, give st	reet end number)			9b. CITY, TO	WN OR LOCAT	ION OF DEATH		9c. COUNTY C	-
Washington	CEDENT	Hospital	<u> </u>			Hager	cstown			Washington
Maryland	Washi	acton		100	TOWN OR L					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Wasiiii	iguon			300nsk	10f. ZIP COD	DF .		10a CITIZEN (1 YES 2 NO
100 High	Street						L713		log. GITIZEN	U.S.A.
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1			13. WAS	DECENDENT	OF HISPANIC O	RIGIN? (Specify Yee	or No- 14. R	ACE — American Indian,
1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE W				s, specify Cub YES 2 ☑ NO		rerto Rican, atc.)		linck, White, etc.
15, DEC	EDENT'S EDUC	ATION	164	. DECEDENT'S	JSUAL OCCU	PATION		16b, KIND OF BUS	INESS/INDUSTR	White
Elementery/Secondary (0	y highest grade ()-12)	College (1-4 or 5+		(Give kind of w life. Do NOT use	ork done durir retired.)	g most of world	ing			
12 yrs.				Н	omemak	er			Persona	al Residence
17. FATHER'S NAME (First, M						18. MOT		First, Middle, Malden S	Surname)	
Unkr				land and many	Les Constitution		Alice			Mitchell
Jerry L. I								Number, City or Town		
200. METHOD OF DISPOSIT	ION		20h PL 4	CE AND DATEO		_	Boons	oro, Mar	YTANG	21713
1 2X Buriel 2 Cremetic 4 Donation 5 Other		val from State	cemetary	, cremetory or oth	ner place)		3-1992		- The state of the	Maryland
21. SIGNATURE OF FUNERA	L SERVICE LICI	ENSEE	1200	102020			ESS OF FACILIT	v		
Dougla	s A. F	iery /	/	voties.	Ract	Fune	ral Hon			onal Pike Maryland
23. PART I. Enter the di ahock, or hi immediate CAUSE (Fin disease or condition resulting in death) Sequentisity list conditi if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injuthat initiated eventar resulting in death) LAS'	dons, diste	DUE TO (OR AS A COM	line.	enel :			choma		interval Between Onset and Death 2 month
	- 0									
PART II. Other significe	he te,	Mellih		ot resulting in	the under	lying cause	given in Part	1. 24a. WAS AN / PERFORM 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										1 TES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	ER/Outpation		OTHER:		DEATH (Check or			
	Pending nvestigation	28e. DATE OF I (Month, Den	NJURY	26b. TIME INJU	OF 280	. INJURY AT WORK?		DESCRIBE HOW IN	JURY OCCURED	
3 Suicide 6	Could not be determined	28e. PLACE OF building, e	INJURY — A tc. (Specify)	t home, farm, st	reet, factory,	office	281.	LOCATION (Street ar City or Town, State)	nd Number or Rui	al Route Number,
294. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of n	ny knowledge	, death occurred	at the time	data and place	end due to th	e ceuse(e) end manr	tor on stated	
one) 2 MEO	CAL EXAMINER	On the basis of exi	mination end	/or investigation	, in my opini	on, death occu	red at the time,	data end place, end	due to the cour	te(a) and menner as stated.
296. SIGNATURE AND TITLE							ENSE NUMBER			IEO (Month, Day, Year)
Michael	1.0	Milam	1				4/66		b 4	· / · 5 7
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUSI		MC Corn		/3		fonell 1		de gog pun MO.
31. DATE FILEO (Month, Day,	9 1002	32. REGISTRAR	'S SIGNATUR	E	-6610	11	77	12 he (1 /	401	Resemble to

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-	STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	REGISTRAR		CERTIFI	CATE OF	DEATH	REC	3. NO.	
ļ	1. DECEDENT'S NAME (First, Middle, Leet) Eriberto	Montano	Irahe	+A		2. DATE OF DE.		3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 228 57 6978	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1)	(bar)	BIRTHPLACE (State or Foreign Country)
HOL	98. FACILITY NAME (If not institution, give s HARFORD MLY RESIDENCE OF DECEDENT	octal Hos	spital	BAVL	e de C	shack,	Med H	or peath
DIRECTOR	MD H	arford	10c. CITY,	TOWN OR LOCAT	berdeen		17-94	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNEHAL	10e. STREET AND NUMBER 378 Oxford An				ZIP CODE 21001		10g. CITIZEN	OF WHAT COUNTRY?
DA 19	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexic 2 NO Speci	an, Puerto Ricen, s	offy Yes or No — 14.	RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during ma	ON		OF BUSINESS/INDUS	Hispanic
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5+)		nployed			rpenter	
20 20	17. FATHER'S NAME (First, Middle, Lest) Gregorio Irah	eta				AME (First, Middle, I		
2	Mrs. Dina A. Ira	heta			ve., At		or Town, State, Zip Co.	001
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	2	ob. PLACE AND DATE OF the Mt. Erin	F DISPOSITION (No	ime of	DATE 2	ec. LOCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		Wit. Erin	22. NAME A	NO ADDRESS OF FA	ACILITY	Havre de ral Home,	
-	23. PART I, Enter the diseases, or o	complications that cause	ed the death. Do no	Havr	e de Gr	ace. M	D 21078-	-3197
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	autimo	sclustes a consequence of	Carlo	ovacer	rler D	esense	Interval Between Onset and Dasth
	Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE OF)					
CENTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF)					
	PART II. Other significant condition	a. Is contributing to deeth	but not resulting in	the underlying	ceuse given in	Part I 24a W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
					g could given in	P	ERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							,	1 YES 2 HO
THE STORY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)		
	1 X YES 2 NO	1 Inpatient 2 ER/O	utpatient 3 DDA	4 - Nursing Hom	e 5 🗌 Residenca		-	
	1 Natural 5 Pending Investigation	(Month, Day, Year) 200. TIME	RY WO	PK?	26d. DESCRIBE	HOW INJURY OCCUR	ED
-	3 Suicide 6 Could not be determined	28s. PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, str pecify)	reet, factory, office	•	201. LOCATION (City or Town,	Street and Number or I State)	Rural Route Number,
		ICIAN: To the best of my kno						use(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIES		Clamine	~	29c. LICENSE NU			GNED (Month, Day, Year)
	Kuhud	2. Culle on	2		20 11	94	14/	182
	30. NAME AND ADDRESS OF PERSON WA				201	3 Tary	h Church	Krad 21034
	31. DATE FILED (Month, Day, Year) APR 0.3 '92	32. REGISTRAR'S SIG	LFEK, A CHATURE Davidson-Rand	lall		0		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CENTIF	CALE OF	DEATH	REG. N).	
	1. DECEDENT'S NAME (First, Middle, Last)	Nettie	Guy In	sley		2. DATE OF DEATH MONTH	4/2/92 92	
	4. SOCIAL SECURITY NUMBER -21,7-12-4513	5. SEX 6. AG	E (In yrs. lesi birthded) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	0	Maryland
OH	On FACILITY NAME (If not institution, give so University	Hospital	/	Bb. CITY, TOWN	Balt	imore	Be. COUNTY	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v /	100 0173	, TOWN OR LOCA				
DIRECTOR	Maryland Do	rchester		ambrid	ge			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Maple Dam R	oad		10	21613		10g. CITIZEN	US
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes, sp		NIC ORIGIN? (Specify Y an, Puerta Rican, etc.) ly:	- 3	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cotlege (1-4 or 5 +)	16a. DECEOENT'S (Give kind of w life. Do NOT us	vork done during me	ON ist of working	16b. KINO OF B	USINESS/INDUSTI	RY
<u> </u>	8		Cannin	g House	e Worke	r		
Ō	17. FATHER'S NAME (First, Middle, Lest) William Ins	ley			18. MOTHER'S N	AME (First, Middle, Melde llie Abb		
BE	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILINO	ADDRESS (Street)		Route Number, City or To		
2	Lottie Mae Ins	ley				Cambrid		
	20e. METHOD OF DISPOSITION Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	ob. PLACE AND DATE Of the control of	PER PROPERTY OF DISPOSITION (Na	ime of	DATE 20c. L	OCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE U		Instey	22. NAME A	ND ADDRESS OF FA			e, Md.
	A. A. C.	mes		700	Locust	St Camb	ridge,	Md. 21613
	23. PART V Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Christian	eech line.	up La				Approximate Interval Between Onset end Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a Phenos	B A CONSEQUENCE OF					I weeky
Ä	resulting in death) LAST	a. 13,-6	Reviton,	129				40 days
EDICAL	PART II. Other significent condition Rehal Fall Hyperferson	na contributing to death	but not resulting i	n the underlyin	g cause given in	Pert I. 24e. WAS A PERF(N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 U YES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL			00 0	ACE OF DEATH (C)			
200	EXAMINER?	HOSPITAL:	utpetient 3 DOA	OTHER:		6 Other (Specify)		
PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJUR (Month, Day, Year		E OF 28c. IN.	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
ED 67	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE OF INJU building, etc. (S)	RY — At home, ferm, s		4077	281, LOCATION (Stree City or Town, Stat	t and Number or Re	ural Route Number,
COMPLETED	29e. CERTIFIER (Check only	ICIAN: To the best of my kno						ise(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIES		and an area of the second	., at my opinion, C	29c. LICENSE NU			NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print)	11	22.5,	1-4-	-71
	31. DATE FILED (Month, Day, Vaer)	32. REGISTRAN'S SK	MATHRE MANAGE	1/08	ne Th	C2,),	preeze	St



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	VDOLA	BOSTON	JACKS	ON			2. DATE OF DEATH MONTH 31	" 92	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		F UNDER 1 YEAR		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	01	8. BIRT	HPLACE (State or Foreign try)
214-24-2933 •. FACILITY NAME (If not institution	1 □ M 300 F	71	YRS.				MAR 1 -	190	<u> </u>	MD
111 NORTHWEST			- 1	A NNAP			тн		INTY OF DEATH E ARUNDEL	
RESIDENCE OF DECEDI				AMMAL	,	PID		TATATA	z ARUNDEL	
De. STATE 10b.	NE ARUNDEL			APOLIS	CATION					10d, INSIDE CITY LIMITS? 4 YES 2 NO
111 NORTHWE	ST				101. ZIP CODE 21	401			S.A	WHAT COUNTRY?
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BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	- STATE REGISTRAR				OF DEAT		NTAL HYGIEN	•		
	1. DECEDENT'S NAME (First, Middle, Las		OLITTI	TOATE	OI DEA		REG. NO.	92	3. TIME OF DEATH	1
		ABLIN					13 28	· /	10:25 1	7 "
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS. 7.	DATE OF BIRTN (Month, Day, Year)	12	BUTTHPLACE (State or Fore	olgn
1	9a. FACILITY NAME (If not institution, giv	1 🗆 M 2 🕓	89 YRS.						Maryland	
<u>«</u>			. 4		WN OR LOCATI		4		Y OF DEATN	
DIRECTOR	Anne Arundel I	dedical cer	iter	AT	napol	.15		Ann	e Arundel	
2	10a. STATE 10b. COUR		Later 1	Y, TOWN OR I					10d. INSIDE CITY LIMITS?	
1 10-	Maryland 1	Anne Arunde	21	Annap	olis				1 X YES 2 N	10
FUNERAL	1065 Norman	Drive			21.4			U.S	N OF WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS			ORIGIN? (Specify Yes		BACE — American Indiar Black, White, etc.	n.
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE		If yo		in, Mexican, P	uerto Rican, atc.)			
	15. DECEDENT'S E	NICATION .	1						White	
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릴	12	Conlege (I-4 of 5 7)	Hon	emake	r		Home			
l g	17. FATHER'S NAME (First, Middle, Last)					NER'S NAME	(First, Middle, Maiden			
ш	John Hehenber	rger					e Pushke			
2	19a. INFORMANT'S NAME (Type/Print)						Number, City or Town			_
	Linda P. Jab.		2646	Pres	quile	Dri	Ve N	casto	n,MD 2160	Τ
1 1	1 N Burial 2 Cremation 3 Re 4 Constion 5 Other (Specify)						Balt			
1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	//	22. NAI	AE AND ADDRE	SS OF FACILI	TY			_
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	23. PART I. Enter the diseases, o	r complications that caus	ed the deeth. Do	not enter the	mode of dy	ing, such a	s cardiec or reapi	ratory srres	t, Approximat	
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30. NAME AND ADD

31. DATE FILED (Month, Day, Year)

MAR 3 0 1992

32. REGISTRAR'S SIGNATURE

	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF DEATH		VEAR	3. TIME OF DEA	
	MARY	F			JONES	3			03	27	92	06:50	AM 1
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		IF UNDER 1 Y	YEAR IF L	NDER 24 HRS		TE OF BIRTH onth, Day, Year)		8. BIRTH Country	PLACE (State or F	oreign
1	412–30–1071	1 [] M 2 [X] F	69	9 YRS.			200		2-23-22			nesse	
œ	9a. FACILITY NAME (If not institution, give		LOCOCTA		96. CITY, TO					9c. COL	INTY OF D		
0	NORTH ARUNDEL	HOSPITAL .	ASSOCIA	TTON	(LEN I	BURNI	E			A . A	A. COUNT	'Y
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR	LOCATION						10d. INSIDE CIT	,
	MD Anne	Arundel C	Co.	Pasa	adena							LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER	_				101, ZIP	CODE			10g. CI1	TIZEN OF W	HAT COUNTRY?	
Ä	4402 Donna Drive					211	22			U.S	5.A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 W	NO	If y	es, specify	NT OF HISE Cuban, Max NO Spe	can, Puerl	SIN7 (Specify Yes to Ricen, etc.)	or No—	14, RACE Black Specif		en,
ED E	15. DECEDENT'S EQU	ICATION	Me DE	CEOENT'S U	lettat occi	IDATION			6b. KIND OF BU			White	
	(Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of wo	ork done duri	ing most of a	vorking	- 1	66. KIND OF BU	SINESS/IN	DUSTRY		
4	Elementary Secondary (0-12)	Conege (1-4 or 5+)		stodia	an				AACO So	rhoo1	Roa	rd	
ECOMPL	17. FATHER'S NAME (First, Middle, Last)			5000		18.	MOTHER'S	NAME (Firs	t, Middle, Maiden	_	L DOG	10	
	Charles	Hood					Jenr	nie	Johnson	1			
2	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING A	ADDRESS (S	treet and Nu			imber, City or Tow	_	(p Code)		
-	Mrs. Brenda G. El:	liott	13	395 Ra	ainbo	w Dri	ve Pa	sade	ena MD 2	21122	2		
1	20a. METHOD OF DISPOSITION 11☑ Burial 2 ☐ Cremation 3 ☐ Ram	noval from State	20b. PLACE /			ON (Name of		D	ATE 20c. LO	CATION -	City or To	wn, Steta	
1	1 Burial 2 Cremation 3 Ram 4 Donation 5 Dother (Specify)			dar H	111 C				30 Bro	ookly	m, M	D	
	21. SIGNATURE OF FUNERAL SERVICE LI	3	a-				PRESS OF					e Hwy. rk MD 2	11/4
	23. PART & Enter the disesses, or ahock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition	List only one caus	coused the de e on each line far lw).	ot enter the	e mode o	f dying, s	ich ss ci	erdiac or reap	ratory ar	reat,	Approximinterval B Onset and	eta etweet f Deat
	resulting in death)	DUE TO (OR AS A CONSEC	QUENCE OF	:					-			
		Myoca	DR AS A CONSEC	upor	tun							1 hou	/
z	Sequentially list conditions, if any, lasting to immediate			QUENCE OF)								154c	
	cause. Enter UNDERLYING CAUSE (Disesse or Injury	· Atcolo										1590	145
NO.	CAUSE (Disesse or injury	DUE TO (C	OR AS A CONSEC	DUENCE OF).	:								
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AL CERTIFICATION	that initisted events	d	lesth but not r	eaulting in	the unde	riying cau	ise given i	n Part I.	24a. WAS AN		24b.	WERE AUTOPSY F	
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OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
YOUNG-HYMAN, M,D,/1600 CRAIN HIGHWAY, SW #601/GLEN BURNIE, MARYLAND 21061

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Salah Salah Di Baran

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) P. Robert	OBERT STAN	LEY JOHNS	SON	2. DATE OF DEATH	5 199	3. TIME OF DEATH				
_		1 ₽ M 2 □ F 4 5	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF	7. DATE OF BIRTH (Morth, Day, Year) $8-26-19$ DEATH	C	OUNTY) LABAMA				
CTO	MERIDIAN NURSIN	0771 - 2000		A PLATA			RLES				
AL DIRE	MARYLAND PR 106. STREET AND NUMBER	INCE GEORGE	ACCO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERA	304 MANNING RO	2. WAS DECEDENT EVER IN U.S	ARMED 13.	2060	ANIC ORIGIN? (Specify Y	U lee or No.— 14. I	S A				
D BY	1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA	FORCES? XX YES 2 IF YES, GIVE WAR OR DATES VIETNAM		If yes, specify Cuben, Mexic 1 YES NO Specific No. Speci	offy:		Black, White, etc. Specify: BLACK				
APLETE	(Specify only highest grade co		DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	SERVICE	OFFIC J.S.GOV	ER-U.S.M.M.				
COMP	17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Meide						
BE BE	HARVEY ROBERT 190. INFORMANT'S NAME (Type/Print)	JOHNSON	195 MAII ING ADDRES	ZODIA S (Street and Number or Rura	BELLE LY						
TO BI	MARY LEEKS			OMAHAUK TI							
The state of the s	20e. METHOD OF DISPOSITION 1) Burlal 2 Cremetton 3 Remove 4 Donatton 6 Other (Specify)	I from State cometers	CE AND DATE OF DISPO	SITION (Name of	DATE 20c. L	OCATION — City	or Town, State				
ai.	21. SIGNATURE OF FUNEBAL SERVICE LICEN	O. Lyne	0 A	NAME AND ADDRESS OF F REHART FULL A PLATA M	NERAL HON	ME, INC.					
builal, cremation, or removatic event, the medical	23. PART I. Entar the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t Dnly Dna cause on aach	Ilna.	r the mode of dying, su			Approximata Interval Batwean Onset and Death				
or other traum	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	trure				MANY YEAR				
shows any injury, : MEDICAL CE	PART II. Other significant conditions	contributing to death but n	ot resulting in the u	nderlying cause given in	Part I. 24a. WAS A PERFC	PRMED?	24b. WERE AUTOPSY FINDINGS MINILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
		^									
State Item		IOSPITAL:	N 3 DOA WN	26. PLACE OF DEATH (C R: rsing Home 5 - Residence							
death with the smarked, or BY PHYS	27. MANNER OF DEATH 17. Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D				
28 is TED	3 Suicide S Could not be determined	28e. PLACE OF INJURY — A building, atc. (Specify)	it home, term, street, fac	tory, office	28t. LOCATION (Street City or Town, State	t end Number or Ru n)	iral Route Number,				
If He		N: To the best of my knowledge On the beste of examination end					rse(e) and menner as stated,				
IMPORTANT: O BE COL	296. SIGNATURE AND TITLE OF CERTIFIER	0 1	1)	29c. LICENSE NU	JMBER	29d. DATE SIG	NED (Month, Day, Year)				
T 0	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH STAR WA 32. REGISTRAN'S SIGNATUR JUNE DEMINISTRAN'S	(ITEM 27) (Type, Print)	0	15	4/	5/42				
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-	this (WITH	Lad
or A LENGTH OF THE CONTROL OF THE DESCRIPTION OF THE DESCRIPTION WITHIN 24 HOURS AIRED DESCRIPTION FAGE & MAY DE	MRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	ours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	town 20 to mendional on them 20 about one fallows and the second of the
-	TOR:	after	00
5	MREC	DULE	-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.		
		ones IV						92EAR	3. TIME OF DEATH 1558
	4. SOCIAL SECURITY NUMBER 227-58-0350		MO		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Dey. Year)	8. BIRTH Countr	PLACE (State or Foreign
				CITY, TOWN (OR LOCATION OF			COUNTY OF D	FATH
CTOR	Peninsula Regi	onal Medic	al Cente	r	Salis	bury			
DIRE									10d. INSIDE CITY LIMITS?
3AL	10s, STREET AND NUMBER						10g.	CITIZEN OF W	
INEF	Barwick Rd.,	Rt. 5, Box	364			_			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, sp	ecit <u>y.</u> Cuban, Mexi	can, Puarlo Ri	(Specify Yes or No Ican, etc.)	Black	, White, etc.
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU	AL OCCUPATION	ON st of working	16b.	KIND OF BUSINESS	I S/INOUSTRY	W112 00
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 years	me. Do NOT use ret	ired.)		ties	Commun	: + C	ol 1 am
S	17. FATNER'S NAME (First, Middle, Lest)				18. MOTHER'S N	IAME (First, M	iddle, Maiden Surnar	ne)	orrege
BE		Jones, III			GAY	WARD	BROWN		
2	and the second s	ON JONES							
	20s. METNOD OF DISPOSITION	206.	PLACE AND DATE OF DI	SPOSITION (Na	me of				
	4 Donation 6 Other (Specify)	A B	tery, crematory or other p	CEME	TERY	3/2			
	21. SIGNATURE OF FUNERAL SERVICE LICE	SHISEE /		HOLL	OWAY F	UNERA	L HOME		
	23. PART I. Enter the disesses, or co	omplications that caused	the death. Do not e	501	SNOW H de of dyling, eu	ILL F	RD. SAL	ISBUR	
	IMMEDIATE CAUSE (Finel	Cayse on ee	cii iine.						Interval Between Onset and Death
	resulting in death)			rdiov	ascula	r Dis	ease		
z			oursesserior or j.						
5	If any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):						
은	CAUSE (Disease or injury	OUF TO (OR AS A	CONSEQUENCE OF						
CERTIFICATION	resulting in desth) LAST	1	oursessence or).						j
- 11	PART II. Other significent conditions	Contributing to death bu	t not consistent to the						
PHYSICIAN: MEDICAL		- Continuating to destil bu	t not recutang in th	e underlying	ceuse given in	Part I.	PERFORMED?	1 -10	AVAILABLE PRIOR TO
						-	1 TES 2 NO	'	OF DEATH?
ä									T L YES 2 NO
ᅙ		HOSPITAL:	OT		ACE OF OEATN (C	heck only one)			
HAS	27. MANNER OF DEATN		tiant 3 X DOA 4	Nursing Nome					
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 TY	RK?	28d. DESC	RIBE NOW INJURY	OCCUREO	
	3 Suicida 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY - building, atc. (Specif)	- At home, farm, streat.	, tectory, office		28t. LOCAT City or	tON (Street and Num Town, State)	nber or Rural Ro	ute Number,
OMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSIC	IAN: To the best of my knowled	dge, death occurred at	the time, date :	and place, and du	e to the cause	e(s) and manner as	stated.	
ပြူ	29b. SIGNATURE AND TITLE OF CERTIFIER		^	1					
E E	John 553.1	alex. MD	1) enil.	M.E			29d.		
F	30 MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEAT	H (ITEM 27) Type, Print)	11.1.1.	2000	11		0,7-	20)2
	John T. Bulke		108 Pi	ne Bl	uff Rd	., 5	alisbu	ry, M	d.
2	REGISTRAM SECONT ANALYSIS, Modes, Last SECONT TO MARK (Fig. Modes, Last SECONT ANALYSIS, Modes, Last SECONT ANALYSIS, MODES SECONT ANALYS								

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TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ä	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
re funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 miles after death. Page 6 may be retained by the hosp
BALLIMONE, MARTLAND	DIVISION OF VITAL RECORDS, F.C. BOX 13149,

	FOR STATE REGISTRAR		D / DEPARTM			MENTAL HYGIENI REG. NO.		2 10521	
1	1. DECEDENT'S NAME (First, Middle, Last)	hnson		hnson		2. DATE OF DEATH DA	192	1 - 1	
	4. SOCIAL SECURITY NUMBER 5. SEX 215 28 0900 HZM	2 - F 6. AGE (In yr		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)			
E CH	Fallston Gent	tospita	2	Fall	or location of de ISton	MD	BC. COUNTY OF DEATH HOLLOW A		
DIRECTOR	10a. STATE 10b. COUNTY Maryland Harfo	ord	10c. CITY, T	wood	ATION			10d. INSIDE CITY LIMITS? 1 YES 3/ NO	
- 11	10e. STREET AND NUMBER 615 Hornbeam Road		_	01. ZIP CODE 21040		10g. CITIZEN O	F WNAT COUNTRY?		
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Married FOR FOR STATES FOR STATES STATES FOR STATES	S. ARMED	13. WAS D If yes, 1 _ Y	ACE — American Indian, lack, White, etc. pocity:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) College 12	Give kind of word Welder	k done during i	TION nost of working	18b. KIND OF BUS		service		
BE CO	17. FATHER'S NAME (First, Middle, Last) Wilbert C.	Johnson			16. MOTHER'S NA Hele	ME (First, Middle, Malden B	surname) ullock		
P Rosemarie A. Johnson 196. Malling address (Street and Number or Rural Route Number, Cl 615 Hornbeam Road, Edgewood,									
	20s. METHOD OF DISPOSITION 1 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Cokesbury U.M., Cemetery Abingdon, Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE POLOGIA K MC	Como	0 111	How		Comas III		Home, P.A.	
	23. PART I. Enter the diseases, or complice shock, or heart fallura. List only IMMEDIATE CAUSE (Final disease or condition resulting in deeth)		EDEM	enter the r				Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	FAILUR						
ERIT	that initieted events resulting in death) LAST	DUE TO (OR AS A CC	MSECUENCE OF):						
MEDICAL	PART II. Other significant conditions contribute CARCINOMA OF RECTUM PORPHERAL VASC. DOG C						AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO	
CIAN		PITAL:		26. OTHER:	PLACE OF DEATH (Ch	neck only one)			
PHYSICIAN:	27. MANNER OF DEATH 28	a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c.	NJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE		
8	1 Natural 8 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, atro		YES 2 NO	28f. LOCATION (Street City or Town, State)		ral Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To (Check only one) 2 MEDICAL EXAMINER: On the							se(a) and manner as stated.	
BE	29b and ATONE AND TITLE OF CONTINUES		ldei	100	29c. LICENSE NU	MBER		NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH	I (ITEM 27) (Type, P	(nt)	•		• •		

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

APR 03 92

	1 - STATE REGISTRAR	SIAIE UF N	MAKTLAND /	ERTIF	ICAT	E OF	DEAT	ANU :	MENIA	REG. NO	_		
7/(1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATN
- 0	Loyal	Grant	JAMES						Mar	ch 17	199	YEAR	8:03 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	, 100		PLACE (State or Foreign
8 10	236-12-0253	1-1 M 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	May	21,	1913	Country	Virginia
)	9e. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D		21,	_	NTY OF DE	
E I	Garrett County Me	emorial Ho	ospital			0ak1	and						
5	RESIDENCE OF DECEDENT	opiou.			Oaki	and				Gar	rett		
R	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY LIMITS?
		lucker			Davi	S						- 4	1 XYES 2 NO
3Al	10e. STREET AND NUMBER					10	. ZIP CODI				10g. CIT	IZEN OF WI	HAT COUNTRY?
FUNERAL DIRECTOR	P.O. Box 361						2	6260)			USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	YES 2 XNO			3. WAS DECENDENT OF NISPANIC ORIGIN If yes, specify Cuban, Maxican, Puerto 1 ☐ YES 2 ☑ NO Specify:			? (Specify Ya Rican, etc.)	e or No	14. RACE Block, Specify	— American Indian, White, etc.
	15. DECEDENT'S EDU	ICATION		OFDENITIO									White
Ë	(Specify only highest grade	e completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wo					g	16b	KIND OF BU	SINESS/INE	DUSTRY	
2	Elementary/Secondary (0-12) 8th	College (1-4 or 5+	,	Miner							1 10		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		III	THEL			40 14071	FD10 114			1 Mi	ning	
	Dorsey Del	ton 1	lames	S Anna L. Lip									
BE	19a. INFORMANT'S NAME (Type/Print)	con 3		h MAII ING	ADDRES	S /Ctmat a	4	anna	10	er, City or Tow	Lip	scomb	
2	Virginia Pfeil		1										0
	20a. METNOD OF DISPOSITION		20b. PLACE					Jac	KSON	ville,		2854 City or Tow	
	1X Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	Dav	metory or o	ther place	2 2 37	ine or		1				
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- Dav.	10 00			D ADDRES	S OF FA	CILITY	TDav	IS, W	est	Virginia
	· Brodley of	Menter				32 5	S. Se	cond	eral 1 St.	, Oak	land,	MD	21550
	23. PART I. Entar the diseases, or shock, or heart fellure.	complications that	caused the de	ath. Do r	not enter	r tha mo	de of dyl	ng, suc	h ss card	lac or resp	ratory an	est,	Approximate
	IMMEDIATE CAUSE (Finel disease or condition	Pa	or on addition										Interval Between Onaet and Death
1	resulting in death)	DUE TO	OR AS A CONSEC	DUENCE O	F):								Days
z		· Mei	mit	astatie Ca.							Month		
CERTIFICATION	Sequentially list conditions, If any, leading to immadiate	DUE TO	OR AS A CONSEC	AS A CONSEQUENCE OF):									Honens
₹	CAUSE (Disease or Injury	C											
늗Ⅱ	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEC	DUENCE OF	F):								
E	Totaling in double EAS!	d											
	PART II. Other significent condition	ns contributing to	deeth but not n	esulting i	in the u	nderivino	ceuse o	iven in	Part i.	24a. WAS AN	ALITOPSV	245.3	WERE AUTOPSY FINDINGS
5		_								PERFOR	MED?	1	AVAILABLE PRIOR TO
									-	1 YES 2	⊠ NO	(OF DEATH?
2								-	-			'	YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATN /Chr	eck only on	1			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE!	R:			8 Other				
ξI	27. MANNER OF DEATH	28a. DATE OF I	INJURY	28b, TJM	E OF	28c. INJ	URY AT	- I		CRIBE NOW I	NJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Year)	INJ	URY M	1 Y	RK? 'ES 2	NO					
	3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At hor	ms, term, a	treet, fac	tory, office			28t. LOC/	TION (Street I	and Number	or Rural Roi	ute Number,
COMPLETED	4 Nomicide determined	bonding, e	etc. (Specify)					l	City o	r Town, State)			
ון ב	296, CERTIFIER (Check only 1 X CERTIFYING PNYS)	ICIAN: To the best of (my knowledge des	ath occurre	ul at the t	lme dete	and place	and due	40.40				
፮	one) 2 MEDICAL EXAMINE	R: On the basic of ax	amination and/or is	nveatigatio	n, in my c	opinion, de	eath occur	d at the	time, date	end place, an	d due to th	00. o coupo(s) (and menner as stated
- 18	29b. SIGNATURE AND TITLE OF CERTIFIE												
H H	11/	5	2	-	3	-	29c. LICE				29d. DATE		Month, Day, Year)
2 ∦	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Non	Print)		1)265	00			3/19	/92
	Dr Roger Lewis,		anberry			Terr	a Al	ta.	West	Viro	inia	2676	54
	31 DATE FILED (Month, Day, Year)	32. REGISTBAR	'S SIGNATURE					,				_0,0	
U	MAR 2 0 199 2	1 Secon	down-ford	NO.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMN-18 Rev 1/89

ND 21215-0020

HECORDS, P.O. BOX 68/60, BALTIMOHE, I	w requires that the death certificate be executed within 24 nours after death. Page 6 may be	been signed by the attending physician and completely filled in by the trends director, page in or Health and Mental Avoinge prior in harfal, cremation, or removal	3 shows any injury, or other traumatic event, the medical examiner must be r
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after event. Press 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the terminal director page. In the standard completely filled in by the terminal director page.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be a

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			WENTAL HYGIEN	E	0020					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
1	Herman R.	Kohls				04 03	9 9 YE	5:30 pm M					
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. B	HRTHPLACE (State or Foreign ountry)					
	215-05-2504	1 M 2 □ F 89	YRS.	ONTHS DAYS	HOURS MIN.	01-03-03		altimore, MD					
	9a. FACILITY NAME (If not institution, give atr			b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH					
DIRECTOR	Carroll County Go	tal (vestmin	ster		Carro.	ll County						
[급]	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						OR LOCATION 1						
	MD Balts	imore Citu	Ral.	timore		LIMITS?							
	10e. STREET AND NUMBER	anorte oblig	500		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
	3027 Eastern Ave				21220								
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECI	ENDENT OF HISPAI	NC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,					
	1 Never Married 2 Married	FORCES? 1 YES			2 NO Specific	n, Puerto Ricen, etc.)		Black, White, etc. Specify:					
) BY	3 🔀 Widowed 4 🗌 Divorced							hite					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		(Give kind of work life. Do NOT use n	UAL OCCUPATION k done during mos	N at al working	16b. KIND OF BUS	SINESS/INDUST	RY					
빌	Elementary/Secondary (0-12) 7th Grade	College (1-4 or 5+)	Baker	oured./									
M	17. FATHER'S NAME (First, Middle, Last)		Duket		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)						
Ö		idolph Kohls			Lena D								
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street a		Route Number, City or Tow	n, State, Zip Cod	(e)					
٩	Patricia A. Spw	vrier	114 Bru	ick Road	d. Reist	erstown. M	D 211	36					
	20a. METHOD OF DISPOSITION 1 🔀 Burlal 2 🗆 Cremetion 3 🗆 Remo	206	PLACE AND DATE O	F DISPOSITION	(Name		CATION — City	or Town, State					
	4 Donation 8 Other (Specify)	Val from State	aklawn Co	emetery	04-	06-92 Bal	timore	, MD					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA		11924	Reisterstown					
	Second &	line				own, MD 211		Road					
	23. PART I. Enter the diseases, or c							Approximata					
	IMMEDIATE CAUSE (Finel	List only one cause on ea	och line.					Interval Between Onset and Death					
	disease or condition resulting in death)	#5C	VD										
	DUE TO (OR AS A CONSEQUENCE OF):												
S	Sequentially list conditions,	DUE TO (OR AS A	LITUS										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	CHRO	ANC A	TRIA	FIL	BRILLAT	701)						
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	,,,, ,		12.66	, 0,0						
F	reaulting in death) LAST	ASP	VD										
	DART II. Other significant condition	a contribution to double to		Ab		Sent Les uness							
AL	PART II. Other algnificent condition	ii contributing to death be	ut not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
MEDIC						1 TYES 2	NO	OF DEATH?					
. ME						- 1	2	1 TES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATH (C)	neck only one)							
PHYSICIAN	EXAMINER?	HOSPITAL:		THER:	THE RESIDENCE	8 Other (Specify)							
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME	DF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCUR	ED					
	1 Natural 8 Pending Investigation	(Month, Day, Year)	INJUF		YES 2 NO			CT-01					
D BY	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, atr	eet, factory, offic	•	28f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,					
H	4 Homicide determined												
COMPLETED	CONSUM UNITY	CIAN: To the best of my knowl	ledge, death occurred	at the time, data	and place, and du	s to the cause(a) and ma	nner as stated.						
OM	one) 2 MEDICAL EXAMINE	R: On the basia of axamination	n and/or investigation,	In my opinion, d	eath occured at the	time, data and place, as	nd due to the co	use(a) and menner as stated.					
ш	296. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)					
9/8	Came Fe	Hors bury	- A		D333	-61	1-4-	4-91					
[]	NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE											
	James L. to	Is berg M		30x 13	29 Sy	terville v	S AN	17+4					
	31. DATE FILED (Month, Day, Year) APR 7 '97	32. REGISTRAR'S SIGN	7		•								
	APR 7 '92	Lulia Davidson	Manage										

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	Aff	dea	8
	TOR.	after	28
	REC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must entitled at once.
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	FOR	STATE OF MAD	VIAND / DE	DADTMENT	OE HEALT	I AND I	MENTAL HYGIEN	-	12 10524		
	1 - STATE REGISTRAR	OINIE OI MAII	CER	TIFICATE	OF DEA	TH	MENIAL HYGIEN REG. NO.	t			
- 8	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DA	W.	YEAR 3, TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	mes Flemi	ng Kem GE (In yrs. lest birti		VEAD III IMM	R 24 HRS.	March 25		92 3:30 a.m		
	197-22-4873	1 📈 M 2 🗌 F		PRS. MONTHS	DAYS HOURS	MIN.	1-20-193	1 F	D. BIRTHPLACE (State or Foreign Country) Pennsylvania		
Œ	90. FACILITY NAME (If not institution, give st Garrett Co. Me)	•	cnital		kland	TION OF DE	ATH	377	Y OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT		Spicai	Ua	Klanu			ua	rrett		
IRE	Manay Tand Canas			c. CITY, TOWN OF					10d. INSIDE CITY LIMITS?		
	Maryland Garr	ett		McHenr	y 101, ZIP COI				1 TES 2 X NO		
BY FUNERAL	Star Rt. 2, Bo				215			10g. CITIZE	EN OF WHAT COUNTRY? USA		
F	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVE FORCES? 1 \(\text{Y}\)	ES 2 NO		AS DECENDENT yes, specify Cub	OF HISPAN	IC ORIGIN? (Specify Yes	or No- 1	4. RACE — American Indian, Black, White, atc.		
	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1	TYES 2 NO	Specify			Specify: White		
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kii	ENT'S USUAL OCC and of work done du	CUPATION	ina	16b. KINO OF BUS	INESS/INDU			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do f	VOT use retired.)			l				
OMI	17. FATHER'S NAME (First, Middle, Last)	4 yrs.	1 Self	-emp C			Heatin		A/C		
BE C	James F. Ker	mp, Jr.					a Laverne	.,	ce		
10	190. INFORMANT'S NAME (Type/Print)		- 1			or Rural R	loute Number, City or Town	, State, Zip C	ode)		
	Marjory L.	7	St 20b. PLACEAND			x 17	70, McHen				
	1 Buriel 2 Cremetion 3 Remo	oval from State	cemetery, cremetor	ry or other plecel					ty or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Countr				4-1 Day				
	A. Figur	J Jeum	and	15	Newmar 5 Mair	Fur	neral HOm	es,	P.A. e. MD 21536		
	23. PART i. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause o	n aach line.	Do not entar t	he mode of d	ring, suct	as cardiac or reaple	ratory arres	Approximate Interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		AS A CONSEQUEN	oz 01).	·c (oro	nay	ISPA	Se		
	PART II. Other aignificant conditions	contributing to deat	h but not result	ting in the und	erlying cause	given in i			24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	Syruk	e nonia					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME	Tupu.	MONIG							1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH OL					
SIC	EXAMINER?	HOSPITAL:	Outpetient 3 🗆 D	OA 4 Nursir			B C Other (Specify)				
PHY	27. MANNER OF DEATH	26a. DATE OF INJUI (Month, Day, Yea	TY 28t		8c. INJURY AT WORK?	and once	26d. DESCRIBE HOW IN	JURY OCCU	RED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2	□ NO					
		26a. PLACE OF INJI	JRY — At home, for Specify)	erm, street, factor	y, office		28f. LOCATION (Street a: City or Town, State)	nd Number or	Rural Route Number,		
H	3 Suicide a Could not be 4 Homicide determined	building, etc. (S		29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and the course of the time							
OMPLET	3 Sulcide 4 Homicide 29a. CERTIFIER (Check only) 3 CERTIFVING PHYSIC	CIAN: To the beat of my kr	nowledge, death o	coursed at the tim	e, data and place	e, and due t	to the cause(s) and men	ner es stated I due to the o	cause(s) and menner as stated.		
3E COMPLETED	3 Sulcide 4 Homicide 29a. CERTIFIER (Check only) 3 CERTIFVING PHYSIC	CIAN: To the best of my kr	nowledge, death or atton end/or invest	ccurred at the tim	29c. LIC	ENSE NUM	BER	due to the	. couse(s) and manner as stated.		
BE	3 Sulcide 4 Homicide 29e. CERTIFIER (Check only) 2 MEDICAL EXAMINE 28e. SIGNATURE AND TITLE OF STITLER	CIAN: To the best of my kr	Itlon and/or invest	igation, in my opi	29c. LIC	red at the t	BER	due to the	cause(s) end menner ea stated.		
ш	3 Sulcide 4 Homicide 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	CIAN: To the best of my kr	DEATH (ITEM 27)	igation, in my opi	29c. LIC	ENSE NUM	ime, data end place, end	29d. DATE S	cause(s) end menner ea stated.		

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BOX 68760, DIVISION OF VITAL RECORDS, P.O. FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

7. DATE OF BIRTH (Month, Day, Year) use as the burial-transit permit. Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH REGIONAL MEDICAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION omoke FUNERAL 10e. STREET AND NUMBER 2185 som or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-AND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUST 20 ry/Secondary (0-12) ege (1-4 or 5+) Elem Minister hed 17, FATHER'S NAME (First, Middle, 18. MOTHER'S NAME (First, Middle, Melden Sumame) BE 19b. MAILING ADDRESS (Street and Num 2 mma BALTIMORE. filled in by the funeral director, page ion, or removal. 3 20g. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES. NAME AND ADDRESS OF FACILITY WATSON West Rd. Salisbu 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each lina IMMEDIATE CAUSE (Final other traumatic event, the cremation, disease or condition resulting in death) myoca DIRECTOR: After this certificate has been signed by the attending physician and completely incurs after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic flem 28 is marked, or item 23 shows any injury, or other traumatic event, the MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 1 YES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 YES 2 NO 14 Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURE 1 Netural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Ri City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTO DE filed within 72 hours at IMPORTANT: If Item 21 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ca 296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 6783 mo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAR 27

1 M 2 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

yrs, last birthday)

YRS.

KIMBLE

IF UNDER 1 YEAR IF UNDER 24 HRS.

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE - American Indian.

VES 2 NO

6. BIRTHPLACE (State or Foreign

1a

10g. CITIZEN OF WHAT COUNTRY?

5.

nister

oc WITCOMICO

0417

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2. DATE OF DEATH

Black, White, etc.
Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Approximata interval Between Onset and Death Death Onset and Death Death Onset and Death Dea
page -
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Salisbury
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AVAILABLE PRIOR TO
COMPLETION OF CAUSE
OF DEATH?
1 TYES 2 NO
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urel Floute Number,
use(a) and manner as stated.

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29d. DATE SIGNED (Month, Day

MAR THE FELL FORM

		CI	EHILL	ICATE C	JF U	EATH		REG. NO				
	KINSEY	Walter	r	KIN	NSEY		2. DATE MONT	OF DEATH	AY }	VEAD	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 215-26-8602	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	YS H	F UNDER 24 HRS.	Apr.	of BIRTH h. Day, Year) 4,193		Country1	BIRTHPLACE (State or Foreign Country) laryland	
96. FACILITY NAME (If not institution,) Washington Cour RESIDENCE OF DECEDEN	nty Hospita	1				STOWN	HTAS			Y OF DEAT		
Maryland W					TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 VES 2 X N							
Milestone Gar			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21795 USA									
11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	X YES 2 N	MED 10	If yes	s, specify	DENT OF HISPA by Cuban, Mexic NO Speci	can, Puerto I	17 (Specify Yes Ricen, etc.)	or No-	A. RACE Bleck, W Spectly: White		
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)	ECEDENT'S I	USUAL OCCUP work done during the retired.)	ATION 7 most o	f working	16b	Retai		STRY	ive Parts			
17. FATHER'S NAME (First, Middle, Last	Lee	K i	insey		18	6. MOTHER'S N.		Middle, Maiden	Sumame)		nith	
Patricia I.Kins		9F M	lilesto	ne	Number or Aurel Garden	Lillian Mary Smith mber or Aural Poute Number, City or Town, State, Zip Code) tarden Apts. Williamsport, MD 21795						
20b. PLACE AND DATE of DISPOSITION OATE 20c. LOCATION — City or Town, S Commerce of Domestion S Commerce of Page of Commerce of Page of Commerce												
· Myor M.	arhons			P.0	.Bo	x # 34	8 Wil	liams	ort,N	1D 217	795	
23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial cause of the disease or condition resulting in death) 24. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, industrial caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arre										Approximete Interval Betwee Onset and Dea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. ARTERIOSCLERATIC CHADIO-VHS CULMA DISEASE OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. DONG									MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 VES 2 NO		
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	/		OTHER:		E OF OEATH (CH						
27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2 19	NJURY y, Year)		4 Nursing H	INJURY WORK?		1	(Specify)	JURY OCCU	RED		
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	be 28s. PLACE OF building, a	INJURY — At hor itc. (Specify)	ne, ferm, st			4 10	2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29e. CERTIFIER 1 CERTIFYING PROPERTY ONE) 2 MEDICAL EXAM	HYSICIAN: To the best of n	ny knowledge, dea amination and/or la	ath occurred	i at the time, d	lete and	plece, and due	e to line cau	se(s) and man-	ner as stated	couse(s) snd	manner os stated.	
29b. SIGNATURE AND TITLE OF CERTIFICATION	IFIER MG				290	C. LICENSE NUI	MBER		29d. DATE S		nth, Day, Year)	
30. NAME AND ADDRESS OF PERSON BANKS M. COTTE	WHO COMPLETED CAUSE) 1,	1+462	15 Pau	W MTD				
31. DATE FILEO (Month, Day, Year)		1 - 0				11 11 000						

		1. DECEDENT'S NAME (First, Middle, Last)	_	CE	HIIIC			2. DATE		Y 00	YEAR	AE OF DEATH
•		FRANCIS 4. SOCIAL SECURITY NUMBER	J.			LAVICE			03	28	-	01:55 AM
P		215-30-4630	5. SEX 1 → M 2 □ F	6. AGE (In yrs. les	YRS. MON	THE DAYS	IF UNDER 24 HR	(14	of BIRTH h, Day, Year)		Country) MARYI	(State or Foreign
3 should		9a. FACILITY NAME (If not institution, give					OR LOCATION OF			9c. COUNT	Y OF DEATH	
, 2, 3,	ЕСТОВ	NORTH ARUNDEL	_ HOSPITA	L ASSOCI	ATION	GI	GLEN BURNIE A.A. COUNTY					
Pages	DIREC	10a. STATE 10b. COUNT	NE ARUN	DEL	10c. CITY, TO	WN OR LOCA	TION N BURN	IE		10d. INSIDE CITY LIMITS? 1 YES 2 XHO		
permit	3AL	10e. STREET AND NUMBER				10	1. ZIP CODE	0		10g. CITIZEN OF WHAT COUNTRY?		
an. transit	FUNERAL	1007 IST STR		NT EVER IN U.S. AR	450	40 440 05	2106		10 /0IA - W		U.S.A	
215-0020 attending physician. se as the burial-transit	BY	1 Never Married Widowed 4 Divorced	FORCES?	XXYES 2 N MAR OR DATES REAN	NED 10	If yes, sp	pecify Cuban, Me	xican, Puerto		or No	4. RACE — Arr Black, White Specify: WHI	
artend	윤	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	/G	CEDENT'S USU	done durina m	ON ost of working	16	. KIND OF BUS			
2 2 2	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT use ret				RAI RANS E	LROA		
the hospital detached for	NO.	17. FATHER'S NAME (First, Middle, Last)	U		AR MA	UN	16. MOTHER'S		Middle, Maiden		TION	
	_		VICKA				LUD		OTT			
AR bould) BE	19a. INFORMANT'S NAME (Type/Print)		19	. MAILING ADI	ORESS (Street	and Number or R	ural Route Nun	iber, City or Town	n, State, Zip C	Code)	
	2	MARCELLA F. L	AVICKA	1	.007	lsT.	STREE	T-GLI	EN BUF	WIE,	MD. 2	1060
AL RECORDS, P.O. BOX 68760, Be law requires that the death certificate be executed within 24 hours after death. Parabean signed by the attending physician and completely filled in by the funeral abover, of Health and Mental Hygiene prior to burfal, cremation, or removal. 23 shows any injury, or other traumatic event, the medical examiner must		20a, METHOD OF DISPOSITIO 1 X Burial 2 Cremation 3 Red 4 Donation 5 Other & pocify)	1	20b. PLACE of cemetary V	AND DATE OF CREMENT OF		NETER				ity or Town, St. ILLE, I	
		21. SIGNATURE OF PUREFUL SERVICE L	ICENSEE!	oufm	en	RAYM	OND C.	FINE				21061 E.MD.
	TION	23. PART I. Enter the diseases of shock, or heart feithful shock, or he	s. QCU		OUENCE OF):		facti					Interval Between Onset and Death
	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO	O (OR AS A CONSE	DUENCE OF):							
	MEDICAL	PART II. Other significant condition	one contributing to	o death but not	resulting in t	he underlyli	ng cause give	n In Part I.	24a. WAS AN PERFOR	MED?	COMP OF DI	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\subsetem \) N \rightarrow \[\lambda \rightarrow \]
VITAL. JAN: The law rificate has been State Dept or Item 23	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	26. F	PLACE OF DEATH	(Check only o	one)			
OF PHYSIC This ce with th	BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE 0		26b. TIME O	F 28c. IN	JURY AT ORK? YES 2 NO	28d. DI	er (Specify) ESCRIBE HOW I	NJURY OCC	URED	
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	ETED B	3 Suicide 6 Could not b 4 Homicide determined	26s. PLACE OF INJURY — At home, farm, street, factory, office 26s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
3 3 Z =	COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of									manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE	SHE SIGNATURE AND TITLE OF CENTUR	B) MA		OCH	E	29c. LICENGE	2864	0	29d. DATE	3/28/	92 Year)
		Deffrey Brigg	S 95	5 Catheo	tral St	A	nnapol	15 M	7 214	101		
		MAR 3 1 199	2 file la	AR'S SIGNATURE								

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2. DATE OF DEATH

7. DATE OF BIRTN (Month, Day, Year)

	4. SOCIAL SECURITY NUMBER 219-33-783	4- 1 M 2 F 6.	AGE (In yrs. les	YRS. WO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	F BIRTH	7	BIRTHPLACE (State or Foreign Country)
OR	ON. FACILITY NAME (If not institution, of University of	mery land	ospite	5L 96	Balti	OR LOCATION OF DE	ATN P		9c. COUNT	TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. CO				OWN OR LOCA					10d, INSIDE CITY
	MARYLAND B	ALTIMORE			DUND					LIMITS?
FUNERAL	8004 KIMBERLY					21222			U	S.A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	VER IN U.S. AR YES 2 PA OR DATES	MED 10	If yes, s	CENDENT OF NISPAN pecify Cuben, Mexica S 2000 Specify	n, Puerto Ri	(Specify Yes or can, etc.)	r No— 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE
TED	15. DECEDENT'S (Specify only highest of		(Gi	CEDENT'S USU	done during m		16b. I	CIND OF BUSIN	ESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ino.	Do NOT use red				1	N/A	
_	17. FATHER'S NAME (First, Middle, Less HENRY J. LaW					JUDY				
TO BE	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING AD	ORESS (Street	and Number or Rural I			***	
F	HENRY J. Law		. 8	3004 K	IMBE	RLY ROAI	-BAI	LTIMOE	RE, M	D. 21222
- 0	20e, METHOD OF DISPOSITION 1 D-Burlel 2 Cremetion 4 4 Donation 5 Other (see M)			OWRII		lame of EMETERY	3/2			ty or Town, State
	21. SIGNATURE OF FUNDINAL SERVICE	LICENSEE LO	ufm	un	RAYM		FINK			HOME 21061 BURNIE, MD.
CERTIFICATION	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSECUTION OF A CONSECUT	DUENCE OF):	erge,	ncy Lef	+ 810			Onset and Deeth 15 m 2 using Chin 15 4 main
V: MEDICAL	PART II. Other aignificant condi	tions contributing to da	ath but not re	eaulting in th	na underlyir	ng cause given in	Part I. 2	PERFORME	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2
CIAN	25. WAS CASE REFERRED TO MEDICA EXAMINAR?	HOSPWAL:			26. P	LACE OF OEATN (Che	ock only one)			
PHYSIC	1 D ES 2 □ NO UTCOTO	1 Parpetient 2 E			Nursing Nor	me 6 Residence			URV OCCU	nen.
ВУ Р	1 Netural 5 Pending 2 Accident Investigati	(Month, Day,	lbar)	INJURY	M 1 🗆	ORK? YES 2 NO	Zed. DESC	RIBE NOW INJ	OHY OCCO	NED
ETED	3 Suicide 6 Could not determine		IJURY At hor . (Specify)	me, ferm, stree	t, factory, offic	ce	26f. LOCAT City or	ION (Street and Town, State)	l Number or	Rural Route Number,
OMPL		NYSICIAN: To the best of my								l. cause(e) and manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERT	Pros	no			29c, LICENSE NUM	IBER	2	Pod. DATE	SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON Edward 31. DATE FILED (Month, Day, Year)	WNO COMPLETED CAUSE (1 27) (Type. Prin		f Mary	land	Hosp	stal	Balt, MD
	MAR 3 1 1992	Jula Davidson-V	andella							
										DHMH-16 Rev 1

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAH		C	ERIIF	CATE	: UF	DEA	П	REG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF DEA	TH		YEAR 3. T	IME OF DEATH
i	Preston L	Long							3	20)	92 8:	30 A M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER		IF UNDER		7. DATE OF BIRT (Month, Day, Y				CE (State or Foreign
	222-07-1473	1 X M 2 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.25,	190	7 (View, DE
	9a. FACILITY NAME (If not inetitution, give st	reet and number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE	ATH			TY OF DEATH	
E	Berlin Nursing	Home			Ber	lin.	, MD	2181	1		Wor	rceste	r
DIRECTOR	RESIDENCE OF DECEDENT						,					00000	
Ä	10e. STATE 10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION 10						10d	. INSIDE CITY LIMITS?	
ā	Delaware Susse	X		Fra	nkfo	rd						10	YES 2 X NO
뒿	10e. STREET AND NUMBER					101	f. ZIP COD	Ē			10g. CITIZ	EN OF WHAT	COUNTRY?
BY FUNERAL	RD# 1 Box 26 B					1	199	945			Ī	JSA	
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED					IIC ORIGIN? (Spec			14. RACE — /	American Indian,
II.	1 Never Merried 2 💢 Merried	FORCES? 1	YES 2 X	NO			ecify Cube		n, Puerto Rican, el	c.)		Black, Wh Specify:	
	3 Widowed 4 Divorced						- ÇAL III					-	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION		ECEDENT'S					16b, KIND (F BUSIN	NESS/INDU	JSTRY	
=	Eigmentary/Secondary (0-12)	College (1-4 or 5	66	Give kind of a b. Do NOT u	se retired.)	auring mi	IST OF WORKE	'U	.,		_	-	
교	Unknown			CI	IEF				McCall	ister	r Bros	s. Towi	ng Co.
8	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, A	felden Su	urname)		
	Edward Lee Long						Man	ie O	uillen				
BE	19a, INFORMANT'S NAME (Type/Print)		15	Pb. MAILING	AODRESS	(Street			Route Number, City	or Town,	State, Zip (Code)	
2	Ruth Daisey			Rt. 2	Box	36.	Fra	nkfo	rd, Del	awai	re 10	9945	
	200. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (No.	me of ce	metery cres	metory or	2			ity or Town,	State
	1 Buriel 2 Cremetion 3 Remed	oval from State	St.	Georg	e's	Cem	eter	7		lari	kevi.	110 1	Delaware
	21. SIGNATURE OF PUNERAL SERVICE LIG	(змет)			22.1	NAME A	ND ADDRE	SS OF FA	CILITY	141	10012	110, 1	CIAWATE
	V/17	10							al Servi			d.	
	1000	shell							elaware				
	23. PART I. Enter the diseases, or of ahock, or heart fellule.	complications the	it caused the d	eeth. Do	not enter	the mo	ode of dy	ing, suc	h aa cerdisc or	reapira	story arre	eat,	Approximete Interval Between
- 1						1,		,					Onset and Death
- 1	disease or condition	(60	2671	40	-	1-4	Eu.	L	1 to	, 1.	-,	_	1 W1-
1	reaulting in death)	DUE TO	(OR AS A CONSE	EOUENCE O	F):	_			,				
z		DUE TO	10 her	741	21	14	n.Le	ns	, De	5	•		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	EQUENCE O	F):				1				
3	ceuse. Enter UNDERLYING CAUSE (Diseese or injury	(0	en	nd	'	C		ni	5	2	-		
E	that initiated events	DUE TO	(OR AS A CONSE	EOUENCE O	F):								
8	resulting in desth) LAST	d											
	PART II. Other significent condition	a contribution to	death but not		In the co	and an order door		aluna ta	Dord I do N	M.O. A.I. A.	UTOPSY	0.05 1000	RE AUTOPSY FINDINGS
EDICAL	PART II. CITIES SIGNIFICANT CONDITION			e '	, une un	loeriyii	ig cause	diseil iii	Port 1. 248. V	ERFORM		AMP	ILABLE PRIOR TO
ă		1.3							l ' '	/ES 2 [NO		MPLETION OF CAUSE DEATH?
ME	tem	1	eg.		,				_	-		1 [YES 2 NO
	Jem1	e 10-	eme	n	4								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF I	DEATH (Ch	eck only one)				
PHYSICIAN:	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 X Nun		me 5 🗆 R	esidence	6 Other (Speci	ly)			
ξ	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. TII	AE OF JURY		JURY AT ORK?		26d, DESCRIBE	HOW IN	JURY OCC	URED	
ВУ	1 X Netural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	"	м		YES 2	NO					
	3 Suicide 6 Could not be		OF INJURY - At h	ome, farm,	street, fact	tory, offi	Ce		281. LOCATION		nd Number	or Rural Route	Number,
COMPLETED	4 Homicide determined	ballalling	, weer (opening)						Only or lown	, state)			
9	29a. CERTIFIER 1 X CERTIFYING PHYS	CIAN: To the best o	f my knowledge o	feath occur	red at the t	time dat	e and plac	e end due	to the councie) o	nd mean	ner en etele	ed	
₽	(Check only one) 2 MEDICAL EXAMINE	7 - saturation 1979											d manner ee stated.
8						,							
BE	296. SIGNATURE AND TULE OF CERTIFIE							ENSE NUI					onth, Day, Year)
5		0.0000			- 0.1-1		טע	2026)		- 3/	20/9	
	30. NAME AND ADDRESS OF PERSON WH		·		e, Print)								
	1622A Ocean Pi			MD		Fe	der	100	G. Art	hes	S		
10	31. DATE FILED (Month, Day, Year)	1 4	AR'S SIGNATURE										
V	MAR 2 0 1992	grina Da	cydson-Am	delle									

ment transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR	TRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	YEAR	3. TIME OF DEATH			
	Naomi		LIPPS			March	1 3,1992		5;50 PM			
	4. SOCIAL SECURITY NUMBER 219-20-2040	1 🗆 M 2 💢 F	AGE (in yrs. last birthday)	MONTHS DA	YS HOURS MIN.		1902 (3°, 1902)	Mary Mary	PLACE (State or Foreign			
	9a. FACILITY NAME (# not institution, give Citizens Nursin				erick	DEATH	9c. CO	Frede	erick			
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Fred	erick		rederi					10d. INSIDE CITY LIMITS?			
7	10e. STREET AND NUMBER	Patrick St			101. ZIP CODE 2170	1	10g. CI		TYPES 2 NO			
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED	If yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES 2 7 NO Spec	ANIC ORIGIN? (S		14. RACE	- American Indian, White, atc.			
8	3 Wildowed 4 Divorced 15. DECEDENT'S EDI	CATION	16a, DECEDENT'S		X	Tab Kill	D OF BUSINESS/IN	Wh:	ite			
E	(Specify only highest grad	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	g most of working	roa, Kin	Educati					
E COMPL	17. FATHER'S NAME (First, Middle, Leat) Eldred Smi	th				ulia Mu	n, Meiden Surneme)					
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Ralph F. Li	pps			ont, Md.		38					
	20a METHOD OF DISPOSITION 1 ABurtel 2 Crematton 3 Rer 4 Donatton 8 Other (Specify)	noval from State	20b. PLACE AND DATE cemetery, crematory or o	other place)		DATE	20c. LOCATION -		,			
	21. SIGNATURE OF FUNERAL SERVICE LI	E Ha	Mt. Olive MOO255	Ke	tery Marc E AND ADDRESS OF F eney and 16 Fast Ch	Basford	P.A. F	unera	1 Home			
ERTIFICATION	23. PART I. Enter the diseasea, Drahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Que to jon b. Due to jon c.	AS A CONSEQUENCE O	y le	luipl		or reapiratory a	rreat,	Approximate Interval Betwood Onset and Da			
DICAL C	PART II. Other algnificent condition	d	ath but not resulting	in the underl	ying cause given in		WAS AN AUTOPSY PERFORMED? YES 2 4 NO		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN: ME						_			1 YES 2 NO			
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	VOutpatient 3 DOA	OTHER:	L PLACE OF DEATH (C		nclly)					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day, Y		ME OF 28c.	INJURY AT WORK? YES 2 NO		O VRULNI WOH 3	CCURED				
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, ferm, (Specify)	street, fectory, c	office	28f. LOCATION City or Tox	N (Street and Number vn, Stete)	er or Rural Ro	oute Number,			
COMPLET		ICIAN: To the best of my ER: On the basis of exemi							and manner ea stated			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND A CORESS OF PERSON WY	Augla)		29c. LICENSE NU	IMBER // /	29d. DA	TE SIGNED	(Month, Day, Year)			
	Dr. Robert S. I	Hughes MD	700 Monte		ve., Fred	lerick,	Md. 217	01				
	33. REGISTRAR'S SIGNATURE MAR 0 6 1992 Julia Davidson-Randale											

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urto en compris

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medica	
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event,	
if item 28 is marked, or item 23 shows any injury, or other traumatic event, the med	
other	
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Injury,	
amy	
Shows	
23	
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marked.	
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Hem	
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31. DATE FILED (Month, Dey, Year)
APR 0 3 1992

num be notified at once.

	1 - STATE REGISTRAR		STATE OF N		DEPAR					MENTAL HYGIEN REG. NO	-	1	10531
	1. DECEDENT'S NAME (Flist, DAN)		AL.	LEN			NIM	MO		2. DATE OF DEATH MONTH 0	AY 1	YEAR 992	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX 1 ☑ № 2 ☐ F	8. AGE (In yrs. In	st birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. 7. HOURII MIN. 1		7. DATE OF BIRTH (Month, Day, Year) 10-16-5		A. BIRTH	PLACE (State or Foreign
TOR	99. FACILITY NAME (If not in LOCH HAVEN I	ROAD	reet end number)			96. СІТ МАУ	Y, TOWN O	R LOCATIO	ON OF DE	EATH	NDEL		
DIRECTOR	MD	10b. COUNTY		Arundel Ed				ION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	3885 Holl	y Dri	ve					ZIP CODE				SA	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Division		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W 1973	X YES 2		13.	WAS DECI	cify Cuba	F HISPAN n, Mexica Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No	14. RACI Blac Spec	E - American Indian, k, White, etc.
COMPLETED	15. DEC (Specify only Elementary/Secondary (0 1 2	CEDENT'S Give kind of to Do NOT us Dempo	work done e retired.)	during mos	N It of workin	g	16b. KIND OF BU	siness/ind	DUSTRY	134			
BE	17. FATHER'S NAME (First, M William A 190. INFORMANT'S NAME (7)	b MAILING	18. MOTHER'S NAME (First, Middle, Melden Surneme) Margaret Estella Mueller LING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)							ler			
7	Pamela E.	Moon		6	41 (Gull	Dr	. D∈		, MD 20	756		
95	20a. METHOD OF DISPOSITI 1	n 3 🗆 Remo (Specify)		20b. PLACE cametary, cre	and DATE of matery or of the Line	ther plece)		ry		ntwo		
	Dat.	110	SIL			Ha	rde:	sty Gale	Fun	eral Hom	. Ga	les	ville,MD
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Desth of the part of the par												
ERTIFICATION													
O	PAGE II CH										246	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	E9/Outpatient 1		OTHE	D.			ack only one)	2011		
à	27. MANNER OF DEATH 1 Netural 5 1 2 Accident	Pending nvestigation										GUN	SHOT WOUND
COMPLETED	Phomicide 29e. CERTIFIER 1 CERTIFIER 1 CERTIFIER 1	letermined	8 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office ON STREET 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated.									cone nomber,	
5 1	one) 2 Nepu						inne, unte i	mu prace,	4110 000		met or star) end manner as stated.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN STREET BALTIMORE MARYLAND 21201

ZhG.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CERTI	FICATE	OF DEATH		REG. NO					
	1. DECEOENT'S NAME (First, Middle, Leel) ESTELLA	MA E			NIMMO	MONTH	OF DEATH	AY YEAR				
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last birthday			04	01					
	214-12-7771	1 🗆 M 2 💢 F	71 YRS.	MONTHS MONTHS	1 YEAR IF UNDER 24 HRI DAYS HOURS MIN	(Month.	Dey, Year)	BIRTHPLACE (State or Foreign Country) Washington, DC				
NO BO	90. FACILITY NAME (If not institution, give a 3885 HOLLY DRIVE	treet and number)			TOWN OR LOCATION OF WATER	DEATH		ANNE A				
5	RESIDENCE OF DECEDENT											
DIRE	MD Anne	Arundel		TY, TOWN O		dgewa	ter		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL DIRECTOR	3885 Holly Dr:	ive ,			101. ZIP CODE 2 1 0 3 7			USA	F WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 NO] 11	WAS DECENDENT OF HIS yes, specify Cuben, Men YES 2X NO Spe	rican, Puerto A	(Specify Yes	В	ACE — American Indian, lack, White, etc.			
ED	15. DECEDENT'S EDUC		16a. DECEDENT	S USUAL OC	CLIPATION	106	KIND OF BU	SINESS/INDUSTRY				
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	work done d use retired.)	uring most of working		eaut					
N	17. FATHER'S NAME (First, Middle, Lest)											
BE C	Louis Mueller				18. MOTHER'S	NAME (FIS), M	iddie, Maiden	Sumeme)				
5	190. INFORMANT'S NAME (Type/Print) Pamela Moon		641	G ADDRESS Gull	(Street and Number or Ru	nel Route Number Deale	ir, City or Your MD	n, State, Zip Code) 2075	1			
	20e. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State	206. PLACE AND DATE cometery, cremetery or Line	of Disposi	TION (Name of Cemetery	OATE		cation – city or ntwood				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. N	AME AND ADORESS OF Ardesty F	FACILITY						
-	- cour	CUAL		90	5 Galesv	ille	Road	. Gale:	sville, MD			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (O) AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death DUE TO (O) AS A CONSEQUENCE OF):											
ATION	Sequentially list conditions, if any, tesding to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST											
	PART II. Other aignificant conditions			4								
PHYSICIAN: MEDICAL		Contributing to usa	tri but not remuting	in the unc	periying cause given	in Part I.	PERFOR	IMED?	4b. WERE AUTOPSY FINOMICS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
× I	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF GEATH	Check only one)					
S	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER 4 Number	: ng Home 5 ፟፟፟፟∭ Rasidenc	a A \square Other	(Speciful					
主	27. MANNER OF DEATH	28s. DATE OF INJU	RY 26b. TII	ME OF	28c. INJURY AT	-		NJURY OCCURED				
	1 Netural 5 Pending	(Month, Day, Ye	er) In	JURY M	WORK?	100 - 000		T AND S	TARRED			
0 84	2 Accident Investigation 3 Suicide A Could get be	28a. PLACE OF INJ	URY — At home, farm,	street, fecto				and Number or Run				
ETEL	4 Could not be determined	building, stc. (Specify)	AT HOM		City or	Town, State)	ORIVE				
COMPLETE		CIAN: To the best of my k							e(s) and manner as stated,			
	296. SIGNATURE AND TITLE OF CERTIFIED	A										
8	1 ain-1	releo	111)		29c, LICENSE N				ED (Month, Day, Year)			
2	30. AAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OFATH (ITEM 27) (T	a Deject	O.C.M.	C.		04-02	2-1992			
1	VILAKON LO	CKE mi			ENN STREET	BALTI	MORE I	MARYLANI	21201			
	APR 0 3 1992 July	a Davidson R	IGNATURE INCOME									

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mation	nt, the
5	eve
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prior to	traun
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H	0
d Menta	Injury,
th an	any
172 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal	: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical arami
Dept	23
State	tem
the	10
th with	arked
dea	E
after	28
hours	item
2	=

IMPORTAN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Jr. 2. DATE OF DEATH 3. TIME OF OEATH TARRY 9Z 1100 1 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 - F -26-6228 North Carolina 9a. FACILITY NAME (If not institution, give street and number)

3/0 Be/mont 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Anne Arundel Edgewater 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 310 Belmont Road 21037 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, atc. FORCES? 1 XXES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Merried 2 X Married BY 1 YES 2 X X00 Specify: 3 Widowed 4 Divorced Specify: WWII White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Mechanic HVAC 17. FATHER'S MARKE (First, Middle, Last) 1e. MOTHER'S NAME (First, Middle, Maiden Surname) Harry J. Moot BE Moon Elizabeth Clark 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 B 3686 7th Ave. Edgewater. MD 20s. METHOD OF DISPOSITION
1 ☐ Durist 2 ☐ Cremation 3 ☐ Pace
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Cemetery
22. NAME AND ADDRESS OF FACILITY Hillcrest Annapolis, MD 21. SIGNATURE OF EUNERAL SE Hardesty Funeral Home, P.A. al 12 Ridgely Ave. Annapolis MD 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardisc or reepiratory street, Approximate shock, or heert fallure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finsi **Onset and Death** disesse or condition_ resulting in deeth) DUE' CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not recuiting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 5 Residence @ Other (Specify) 4 Nursing Hon 27. MANNER OF GEATH 26s. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending BY 1 YES 2 NO Accident Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicida COMPLETED 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated. BE 29c. LICENSE NUMBER 2mg puty 060 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ONCS 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE a Day door Andale APR 0 3 1992

27/2 --- ---

ASSES AND AND ADDRESS OF THE PARTY OF THE PA

Clyde Morruon

	1 - STATE REGISTRAR	OINIE OF I	MAITILA	CERTIF					MENIAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH			3. TIME OF DEATH
	CLYDE	•			MORE	RISON	1		MO03	De	29	1912	1.:19 AM
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
- 2	213-22-0696	1 □XM 2 □ F	65	YRS,	MONTHS	DAYS	HOURS	MIN.	02-2	1-27		Mar	yland
_	Se. FACILITY NAME (If not institution, give	- 110			9b. CITY	Y, TOWN C	R LOCATI	ON OF D					
Ö	NORTH ARUNDEL	HOSPITAL	ASSOC	CIATION		GLEN	N BUI	RNIE				A.A	. COUNTY
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY		10c. CIT	Y. TOWN	OR LOCAT	ION						
E	MD Ann∈	e Arunde	21		ver								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101	. ZIP COD	E			10o. CIT	IZEN OF W	1 ☐ YES 2 🔯 NO
FUNERAL	1613 Chestnut	Drive				2	1 1 4 4	1			log. on	US	A
5	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT O	OF HISPAI	NIC ORIGIN?	(Specify Yes	or No —	14. RACE	- American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	MAR OR DATE	2 NO ES		If yes, spe 1 YES	ecify Cubs	in, Mexica	in, Puerto Ric	en, etc.)		Black, Spec/f	, White, etc.
		WWI										9,000	White
	15. DECEDENT'S EDU (Specify only highest grad			6a. DECEDENT'S (Give kind of a	vork done	during mos	N st of workin	ng	16b. K	IND OF BUS	SINESS/IN	DUSTRY	
P.	Elementary/Secondary (0-12)	College (1-4 or 5		Tile S		0.30			_ 1	0-15			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			TITE S	ecc	er	40. 14077	AFPIO MA		Self		той	ea
	Harry Morrison	1							ME (First, Mic		Sumame)		
B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street e					State 76	n Carlol	
5	Helen L. Morri	son							ive,				21144
	20a. METHOD OF DISPOSITION 1文文 Duriel 2 Cremellon 3 日 Ren	S. A. P. C. S.		LACE AND DATE (OF DISPOS	SITION (Na			DATE			City or Tov	
	4 Donation 5 Other (Specify)	nover from State		ery, crematory or or en Hav			eter	37					ie, MD
	21. SIGNATURE OF FURNIAL BERVICE LI	CENSEE	1/11		22.	NAME AN	D ADDRE	SS OF FA	CILITY				
	Fall 1	Cland	VL						nera				lls, MD
	23. PART i. Enter the diseases, or	complications the	t caused ti	he death. Do n	ot anter	the mod	de of dvi	ng. suc	h sa cardia	c or respli	ratory an	rest	Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	se on eecl	h line.				4	2			t out,	Interval Between Onset and Death
disease or condition resulting in death) a. (Mute) musicardial infanction)											Onset and Death		
		DUE TO	(OR AS A C	ONSEQUENCE OF	7:	NI	1	0 - 0,					
S	Sequentially list conditions,	b											
AT	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CO	ONSEQUENCE OF	7):								
FIC	CAUSE (Disease or injury that initiated events	cDUE TO	(OR AS A CO	ONSEQUENCE OF	n:								
E	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	DARK II OIL OIL OIL	0.											
EDICAL	PART II. Other significent condition	na contributing to	deeth but	not resulting i	n the un	deriying	cause g	lven in	Part I. 2	4a. WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă									1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ									_				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:	1		OTHER		ACE OF D	EATH (Ch	eck only one)				
H	27. MANNER OF DEATH	1 Inpetient 2 2		28b, TIM		sing Home 28c. INJU		sidence	8 Other (5				
	1 Netural 5 Pending	(Month, D.		LAI	URY M	WOF	RK?	NO I	28d. DESCR	IIBE HOW IN	JURY OC	CURED	
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY -	At home, farm, a	treet, fact			,	281. LOCATI	ON (Street ar	nd Number	or Rumi Bo	usta Mumbar
	4 Homicide determined	building,	etc. (Specify)						City or	Town, State)		OF FROME PRO	one rearrious,
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledg	ge, death occurre	d at the ti	ime, date s	and place	and due	to the cause	(a) and man			-
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the besis of ex	remination ar	nd/or investigation	n, in my o	pinion, de	ath occur	ed at the	time, date en	d place, and	due to th	e cause(s)	and manner as stated.
	206. SIGNATURE AND TITLE OF DENTIFIE			00111			29c. LICE	_					Month, Day, Year)
) BE	SCHOOL DUCK	gw Mg		OCME			D	286	40		13	-)	9-92
임	10. NAME AND ADDRESS OF PERSON WIL	COMPLETED CAUS	E OF DEATH	(UEM 270 (Type,	Print)	0	-	-	1) 12	0.1	IINI	0	100
	// /	49 Car	redra	N Sti		Un	mal	dela	1hlf	2/1	101		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATU	IRE									
	APR 0 2 1992 Alha Davidson Rendalls												

I be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

YLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

8	1. DECEOENT'S NAME (First, Middle, Last) Frank	Bush	A. J.	Mars	shall		r.		2. DATE OF DEATH MONTH		Ç VIII	3. TIME OF DEATH / 10:25a M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH	156	I a BIRTHI	PLACE (State or Foreign		
	216-20-7443	1 X H 2 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Yea		Country)		
	9a. FACILITY NAME (If not institution, give st				9h CITY	96. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH								
œ	Anne Arundel Med		tor		2									
8	RESIDENCE OF DECEDENT	ircar cer	ICEL		AIII	iapo.	LIS			An	ne Ar	undel		
DIRECTOR		Arundel		10c. CIT Sev	y, town o rerna	Par	TION CK	-		_		10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	409 Old County R	load			101, ZIP CODE 21146						S.A.	HAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARI YES 2 N NAR OR DATES 5 03/0	0	1	f yes, sp	ENCENT Cocify Cube	n, Maxicai	n, Puerto Rican, stc.	C ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, Whita, stc.) Specify: White				
COMPLETED	15. OECEDENT'S EQUC (Specify only highest grade Elementary/Secondary (0-12)	ATION 166. KIND OF BUSINESS/INDUSTRY PO Alex Brown & Sons												
N	17, FATHER'S NAME (First, Middle, Last)	(7	111	ivest	ment	Rel						ns		
BE CO	Frank B. Marshal	1, Sr.					Cat	heri	ne Schla	9				
2	19a, INFORMANT'S NAME (Type/Print)								loute Number, City or	Town, State, 2	(ip Code)			
	Mrs. Ruth Marsha		20b. PLACE A		d Co			d /	Severn		City or Tow	21146		
	1 Seurial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		MD Ve	natory or of	ns her place)			3/3	1/92 cro	wnsvi]	lle, M	4D		
	· When	8	-		Barı	ranc		nera	1 Home S	everna		7. K MD 21146		
	23. PART I Enter the disease, or complications that caused the etem. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):													
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Elactro weadowed dissociations out to (or as a consequence of): Cordony sportly E Superior Vous Carl Moutles Due to (or as a consequence of): Curry for Cordony sportly to Cordony of Cordony													
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST													
	PART ii. Other aignificant conditions	- contribution to	death has and a											
N: MEDICAL			2 Ewyse			derlying	j cause g	jiven in i		AN AUTOPSY CORMEDS 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
S	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL					ACE OF O	EATH (Che	ck only one)					
Si	1 - YES 2 - NO	NOSPITAL:	ER/Outpetient 3	□ DOA	OTHER		5 🗆 Ra	sidenca (6 Other (Specify)					
Y PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIMI INJ		28c. INJU	JRY AT		28d. OESCRIBE HO	W INJURY O	CCUREO			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, streat, factory, office 28f. LOCATION (Street and Number or Rural Route No. City or Town, State)										oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER													
E CO	296. SIGNATURE AND TITLE OF CERTIFIER	. On the basis of a	A A	rvestigstio	n, in my of	pinlon, de		NSE NUM		-		and manner as stated. Mg/Rh, Day, Year)		
TO BE	30 NAME AND ADDRESS OF REPORT WHITE	COMPLETED	(KL)		0.1.1		0	13	-142	▶	3/26	(Se		
	30. NAME AND ADDRESS OF PERSON WHO	S, M.	1. 2	25		MW	51		AUUM	406	SAI). 219V		
	31. DATE FILEAPR 0 2 1992	fiche Da	H d Son Hand	lace		-					1			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

or attending physician.

Use as the bunal-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Any remined by the hospital or attending physician TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filed in by the funeral district. To hours after death with the State Dept. of Health and Mental Hygiene prior to burda. cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner may be inputed at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND ME	NTAL HYGIENE REG. NO.	Sea	0336			
	1. DECEMENT'S NAME (First Migdle, Las	5 Mu	RRAY			DATE OF DEATH MONTHS 29	97	3. TIME OF DEATH			
100000000000000000000000000000000000000	4. SOCIAL SECURITY NUMBER 213-01-1888 90. FACILITY NAME (If not institution, give	2 🗆 F	OI YRS.	THE DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) -18-1910	Mary				
TOR	Anne Arundel Med	Carrier and Lands	96	CITY, TOWN C	Annapoli	1	Ann	e Arundel			
DIRECTOR		Arundel	10c. CITY, TO	Anna Anna	polis			Od. INSIDE CITY LIMITS? YES 2 X NO			
FUNERAL	130 Hearne Road	Apt. # 903 1	Annapolis,		21401		U.S.				
B	11. MARITAL STATUS 1 Never Married Minimum Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPANIC Concily Cuban, Maxican, Po	PRIGIN? (Specify Yea or No- uarto Rican, atc.)	14. RACE Black, 1 Specify: Cauca:				
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12+	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Longhal	done durina ma	et of working	166. KIND OF BUSINESS/I	NDUSTRY Fer Con	mpany			
	17. FATHER'S NAME (First, Middle, Last) Martin Mu	rray				First, Middle, Maiden Surname Snyder)				
TO BE	Mrs. Inez Murra		196. MAILING ADD	erne R	nd Number or Rural Route	Number, City or Town, State, .		s, MD 21401			
	29a. METHOD OF DISPOSITION X□ Burtal 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	moval from State 20b.	PLACE AND DATE OF DI	sposition(Na	orial Park	DATE 20c LOCATION DOUSE	- City or Town				
-	22. NAME AND ADDRESS OF FACILITY Barranco & Sons Funeral Home 495 Ritchie Hwy. Severna Park, MD 21146 21. Part Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate										
CEHTIFICATION	23. PART I chter the diseases, o shock, or heart failure in the children failu	a. Due to for as a	DSÚ)	de of dying, such as	cerdiac or respiratory a	irreat,	Approximate Interval Between Onset and Daath			
MEDICAL	PART II. Other significent condition	ons contributing to deeth bu	it not resulting in th	e underlying	Ceuse given in Pari	24s. WAS AN AUTOPS PERFORMED?	All Ci	TERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO			
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: /	01	26. PL	ACE OF DEATH (Check o	nly one)					
2	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 28c. INJI WO		Other (Specify) I. DESCRIBE HOW INJURY O	CCURED				
	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY	- At home, farm, street	M. 1 🗆 Y	ES 2 NO	LOCATION (Street and Numb	er or Rural Rou	te Number,			
	4 Homicide defarmined	Soliding, acc. (Open)				City or Town, State)		Security.			
200	(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowle	edge, death occurred at and/or investigation, in	the time, date my opinion, de	and place, and due to the	e cause(a) and manner as at	ated, the cause(a) a	nd manner as stated.			
4	29b. SIGNATURE AND TITLE OF CERTIFI 30. NAME AND ADDRESS OF PERSON W	on study	YA IITEM AT AT		29c. LICENSE NUMBER	38 P	ATE SIGNED (M	29 9 L			
	MICHAEL J.La	EN TAM	TIPE	2006	LEY AVE	#120 ANI	VAPOU	Mo21401			
	APR 0 2 1992	gina Davidson-1	sindell		(

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BALTIMODE TWANTLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page (may present the hospital or attending physici	DIRECTOR: After this certificate has been sinned by the attendion obtaining and completely filled in by the transmitten.
BAL.	ours after death	in hy the fine
	24 hc	filled
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within a	been sinned by the attending physician and completely
DIVISION OF VITAL	. DR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has b

by the hospital or attending physician. be detached for use as the burial-bransit permit. Pages 1, 2, 3 should ed at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It tiem 28 is marked, or tiem 23 shows any Injury, or other traumatic event, the medical examiner may

	1 - FOR STATE REGISTRAR	STATE OF MARY	CERTIFIC			MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DE	ATH
	WAYNE	L	1	MEDDOWS		MONTH		24	92	08:47	7 AM M
	4. SOCIAL SECURITY NUMBER	5. 9EX 6. AC		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	E BIRTH	6.	BIRTHP	LACE (State or	
	348-34-1408	1_ M 2 F	49 YRS. M	ONTHS DAYS	HOURS MIN.		Day, Year) 25-42		Country)	nois	
	9e. FACILITY NAME (If not institution, give st	treet end number)		b. CITY, TOWN O	R LOCATION OF D		23-12	9c. COUNTY			
DIRECTOR	NORTH ARUNDEL	HOSPITAL AS	SOCIATION	GLE	N BURNIE	Ξ			A . A	. COUN	YTY
Ä	10s. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCATI	ON				9	10d. INSIDE CI	TY
ā	MD Anne	Arunde1	Seve	rna Par	k					LIMITS?	⊒ NO
4	toe. STREET AND NUMBER		1 4440		ZIP CODE			tog. CITIZEN		HAT COUNTRY	
8	5 Fairhaven Ct.			2	1146			II s	S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS OECI	ENDENT OF HISPA				RACE -	- American In	dien,
	t Never Married 2 🔀 Married	FORCES? (T) YE			city Cubert, Mexica 2 XX NO Specifi		Ican, etc.)		Black, Specify	White, etc.	27.4
B	3 Widowed 4 Divorced		111022			*:			Ореспу	White	
COMPLETED	15. OECEOENT'S EOUC (Specify only highest grade		16a. OECEDENT'S US	BUAL OCCUPATIO		16b.	KINO OF BUS	INESS/INDUS	TRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)	c or working	- 1					
鱼			Chief Pe	tty Off	icer	ī	J.S. N	avv			
Ö	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA						
BE	Leavern Meddo	WS			Flora	Kir	mle				
	t9a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DORESS (Street ar	d Number or Rural			, State, Zip Co	de)		
2	Mrs. Dana Meddows		5 Fair	haven C	t. Sever	ma Pa	ark M	D 211/	6		
	20a. METHOD OF DISPOSITION	and the season	20b. PLACE AND OATE OF	DISPOSITION (Nat		OATE		CATION — City		n, State	
	t [XBuriel 2] Cremetion 3 Remo		metery, cremetory or other MD Veterans	place)	עייב	3/2	of Cr	ownsvi	110	MD	
- 1	21. SIGNATURE OF PUNERAL BETVICE UC	ENSEE	in vecerum		O ADDRESS OF FA						-
- 1	►(W)//.	4					49	5 Ritc	hie	Hwy.	
\dashv	Jack	an-	-	Barran	co Funer	cal Ho	ome Se	verna	Par	k, MD2	21146
	23. PART . Enter the diseases, or canock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse or	a esch line.						•		mala Batwean nd Daath
ICATION	Sequentially list conditions, our to (or as a consequence of): Cause. Enter UNDERLYING CAUSE (Disease or Injury) CAUSE (Disease or Injury)										
RTIF	that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE OF):	/							
뜅										1	
MEDICAL	PART II. Other algolificant condition		n but not resulting in	the underlying	ceuse given in		PERFORI	WED?		WERE AUTOPSY AWAILABLE PRIO COMPLETION OF DEATH?	F CAUSE
									, I	YES 2	NO
₹	25. WAS CASE REFERRED TO MEDICAL			26 P1	ACE OF DEATH (Ch	eck only one)				
S	EXAMINER?	HOSPITAL:		THER:							
<u> </u>	27. MANNER OF DEATH	t ☐ Inpetient 2 ☐ ER/O			5 Residence						
BY PHYSICIAN:	1 Natural 6 Pending	(Month, Day, Yea		Y WOF	RK?	286. DESC	HIRE HOW IN	JURY OCCUR	ED		
200 DI ACE OF IN HIDY As home to the state of the											
4 Homicide determined building, etc. (Specify)									ute Number,		
COMPLET		CIAN: To the best of my kn									
	29b. SIGNATURE AND TITLE OF CERTIFIER			., .,			- Proce, enc				
O BE	the "	4	M		D 369			≥3 - d		Month, Day, Yea	7)
	38. NAME AND ADDRESS OF PERSON WHO KRISHAN K. SING	GAL, M.D./1	307 CRAIN I	HIGHWAY	, SE/GLE	N BUF	RNIE,	MARYLA	ND	21061	
	MAR 3 0 1992 4	32. REGISTRAR'S SI	GNATURE ASACELL								

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND			10538	
	1. DECEDENT'S NAME (First, Middle, Last)		OLITINI	OAIL OI	DEATH	REG. NO		3. TIME OF DEATH	
	Kenneth	Walter	Muss	elman, S	Sr.	03/25/	92	M	
	4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIF	THPLACE (State or Foreign	
	215-16-2493	1 M 2 🗆 F	68 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 07/1.6/23		intry)	
-	Sa. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN O	R LOCATION OF C		9c. COUNTY OF		
DIRECTOR	Anne Arundel Me	<u>dical Center</u>		Annapol	lis		Anne A	Arundel	
DIRE	MD 106. COUNT Ann	e Arundel		erna Par				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 530 Baltimore &	Annap. Blvd		101.	ZIP CODE 211	.46	10g. CITIZEN OF WHAT COUNTRY?		
Y FUNER	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVEN FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF NISPA	NIC ORIGIN? (Specify Yes	BI	NCE — American Indian, ack, White, atc.	
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDU	CATION WWIL	16a. DECEDENT'S U	ISUAL OCCUPATIO	N		SINESS/INDUSTRY	White	
COMPLET	(Specify only highest grade	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	ork done during mos retired.)	t of working				
S O	17. FATHER'S NAME (First, Middle, Lest)		Truck	Driver	16 MOTHERIN N	Trucki AME (First, Middle, Maiden			
-	Roland P. Musse	lman				Vogel	Sumeme)		
5	19a. INFORMANT'S NAME (Type/Print)	IIII	19b. MAILING A	AODRESS (Street an		Route Number, City or Tow	n State Zio Code)		
ઉ	Mrs. Evelyn Mus	selman				vd.Severna		D 21146	
-	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram	200	PLACE AND DATE OF	FDISPOSITION (Nan		OATE 20c. LO	CATION — City or		
	4 Donation 5 Dither (Specify)		Glen Have:	er place)		3-28 Glen	Burnie		
	21. SIGNATURE OF FUNDIAL MERVICE LIC	Paris		22. NAME ANI	D ADDRESS OF FA	495 R	itchie I	łwy.	
	1 Coli	Jun -		Barrano	co Funer	al Home Se	verna Pa	ark MD 21146	
	23. PART Enter the diseases, proshock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Emplications that cause List only one cause on a	d the deeth. Do no ech line.	et enter the mod	le of dying, suc	th as cardiac Dr respi	ratory sreset,	Approximats intervel Between Onset and Daath	
Z		DUE TO (OR AS A	CONSEQUENCE OF	ares 1	Viene	er		in	
CATIO	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
	PART II. Other significent condition	a contributing to death t	ut not resulting in	the underlying	course shows by	Post I Lee une au			
MEDICA	Congestiere L	iver Fo	ilou	and directlying	Cause given in	Pert I. 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 AND	
N.									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	28. PLA	CE OF DEATH (Ch	eck only one)			
448	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Mipatient 2 ☐ ER/Outp	etlent 3 DOA 4	☐ Nursing Home		8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (RY WOR	RY AT K? ES 2 NO	28d. DEŞCRIBE HOW II	VJURY OCCUREO		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, term, etre			26t. LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,	
垣	And CERTIFIED								
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15-0020

BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DAYET BED (Month, Day That)

12. REGISTRAR'S SIGNATURE

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A proposal for the Park

BALTIMORE, MARYLAND 21215-0020	thours after death. Page 6 may be retained in the longer or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be use as the burial-transit permit. Pages 1, 2, 3 should efiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified ance
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in the londing physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

			- 0.	-11111	IOAIL	. 01	DLA	111		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) BERT		mue	nc	6				2. DATE OF MONTH	DEATH 1	~ 1992	VEAD	3. TIME OF OEATH 13:45p.m. M
	4. SOCIAL SECURITY NUMBER 563-36-8040	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER		7. DATE OF (Month, D	BIRTH		8 BIRTHE	TSBURG, MD
	9a. FACILITY NAME (If not institution, give	street and number)	30		9h CITY	TOWN C	OR LOCATIO	ON OF DEA	Aug.	1191		UNTY OF DE	
DIRECTOR	WASHINGTON COUNT		\L				STOWN					SHING	
E I	10a. STATE 10b. COUNT	TY		10c. CIT	IC. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
	MARYLAND FRE	DERICK		EN	MITS								1 YES 2 NO
FUNERAL	16430 OLD EMMITS			101. ZIP CODE 21727				U. S. A					
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. V	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (S , Puarto Rica	pecify Yes	or No-	14. RACE	- American Indian, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		i	☐ YES	2 X) NO	Specify:	, Pulific Rica	n, etc.)		Specify	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DE	CEOENT'S	USUAL OC	CUPATIO	ON et of workin	-	16b. KII	O OF BU	SINESS/IN	DUSTRY	
Ше	Elementary/Secondary (0-12)	College (1-4 or 5	+) ///o.	Do NOT us	se retired.)	uning mo	at or working	v					
F.	8		H	OUSE	WIFE					OMV	HOM	IE	
00	17. FATHER'S NAME (First, Middle, Last)						10. MOTH	ER'S NAM	E (First, Midd	le, Maiden	Sumame)		
BE	SAMUEL DAV 19a. INFORMANT'S NAME (Type/Print)	ID COOL	101	MARINO	ADORECC	(0)		IDA	JANE		ANDE		
2	MARY LOU HOPKINS								INSTER				
- 4	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ran	noval from State	20b. PLACE				me ol		DATE	20c. LO	CATION -	City or Tow	n, State
	4 Donation 8 Other (Specify)		NEW S	T. J	<u>OSEPH</u>	-			4/4	EMM	ITSB	URG,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	Shill	2				SKIL		JNERAL	HOM	1E		
	22 DAOTA Fates the diseases				21	OW	. MA	IN ST	EMN	ITSB	URG.	MD.	21727
- 1	23. PART 1. Enter the diseases, or ehock, or heert feliure.	List only one ceu	t ceused the de use on each line	eth. Do r	not enter t	the mod	de of dyl	ng, such	as cerdiec	or respi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition												Onset and Death
	resulting in death)	0	C	un	010	160	en	ACC	rele	1-			2 days
- I		DUE TO	(OR AS A CONSEC	UENCE O	ጉ :								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSEC	UENCE OF	า:								
CAT	cause. Enter UNDERLYING												į.
Ē	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSEC	UENCE OF	7):								
8	recuiting in death) LAST	d											
- 11	PART II. Other aignificant condition	as contributing to	death but not a	andtles (a tha sine	de abela a	11001		I.				
MEDICAL	ASOND EA		death but not n	saurting i	n the unc	enying	cause g	iven in Pa	art I. 24	PERFOR		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
					_				_ 1(YES 2	MO		COMPLETION OF CAUSE OF DEATH?
Σ									-			1	YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL	Γ											
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER			ATH (Chec					
¥∥	27. MANNER OF DEATH	1 Offipstient 2 28a. DATE OF		26b, TIM					Other (Sp				
	1 Natural 5 Pending	(Month, D			URY	WOF	RK?		26d. DEŞCRI	BE HOW II	NURY OC	CURED	
à	2 Accident Investigation 3 Suicide 8 Could not be	28e PLACE O	F INJURY — At hor		100 01 10 01		-	-					
COMPLETED	3 Suicide 8 Could not be detarmined	building,	stc. (Specify)	no, ierm, e	treet, lecto	ry, omica			281. LOCATIO City or To	N (Street a wn, State)	nd Number	r or Rural Roo	ute Number,
2 [29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, des	th occurre	d at the lim	ne, dete	and place	and due to	the causele	and man	Dat as ste	ted	
<u> </u>	one) 2 MEDICAL EXAMINE												and manner as etsted
- 111	29b. SIGNATURE AND TITLE OF CERTIFIE							NSE NUMB					
BE		attimo				- 1		NSE NUMB	ER			E SIGNED (A	Worth, Day, Year)
우	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	27) (Trop	Print)			(-
	VALANT DA	TTA, M	0 33			. 5-	ح)	MAL	ERS-	70 W.	~ ~	~0 2	-1740
	PR 3 197	12 REGISTRA	ASTOLES										

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
urs after	in by th	remov	edical
4 no	filled	JU, 00	E B
thin 2	etely	matic	11, 18
w pa	omple	al, cre	eve
execut	and c	to buris	matic
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE	STATE OF I	MARYLAND	/ DEPAF	RTMEN	T OF H	IEALTH	AND F	MENTAL H	YGIENE		92	10541
	1. DECEDENT'S NAME (First, Middle, Lest) RUTH			ERTIF	ICAT		DEAT		2. DATE OF D MONTH,	EG. NO.	0 1	J 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)		R t YEAR	IF UNDER	1 24 HRS.	7 DATE OF B	MET'LA		a BIRTNPL	ACE (State or Foreign
	217 30 2410	1 M 2 KK	85	YAS.	MONTHS	DAYS	HOURS	MIN.	June	24 19	906	Mary	
, m	9a. FACILITY NAME (If not institution, give							ON OF DE				TY OF DEA	
ē	Allegany County	Nursing	Home		0	:UMB	ERL	AND			LLEG	YNA	
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION					1	Od. INSIDE CITY
10	Maryland Alle	egany			Luke								LIMITS?
A	10e. STREET AND NUMBER						. ZIP CODE	E			10g. CITIZ		AT COUNTRY?
FUNERAL	345 Nevison	Ave.					215	⁄ ₁∩			USA		
15	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPANI	IC ORIGIN? (Sp	ecity Yes		14. BACE -	- American Indian,
BY	1 Never Married 2 Married **Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES	X		1 YES			n, Puerto Rican.	, atc.)		Black, V Specify:	White, etc.
ED E	15. DECEDENT'S EDU	ICATION	tte (DECEDENT'S	_								White
<u> </u>	(Specify only highest grade	completed)		(Give kind of a life. Do NOT us	work done se retired.)	during mos	IN I of workin	ig	16b. King	OF BUSH	NESS/INDI	JSTRY	
르	12	College (I or 3-	+)	Lab We					p,	aper			
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)						IR MOTE	HER'S NAM	ME (First, Middle		urname)		
BE O	Harry		Be11					lice				Mas	son
TO E	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRES	S (Street a			loute Number, Ci	ty or Town,	State, Zip		7011
2 -	Mary B. Harvey								. 21	.502			
	20a. METHOD OF DISPOSITION *** Burlet 2	noval from Stata	cemetery c	E AND DATE O	ther nlece)		me of		DATE	20c. LOCA	TION C	ity or Town	, State
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Phi!	los Ce	emete	ery		+/2/9		Wes	tern	port,	Md.
EXSURE IN COLUMN 1	· Wayne	15/10	Uh				Boal We	stor	nick F	Md	215	562	
Went, the medica	23. PART I. Enter the diseases, or shock, for heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	disease or condition											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other eignificant condition	PART II. Other eignificant conditions contributing to death but not resulting in the underlying couse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 1 YES										MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF OF	EATH (Chec	ck only one)				
YSIC	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHES Wun		5 🗆 Ras	sidence 6	Other (Spe	clfy)			
BY PHY	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIMI	URY M				28d. DESCRIBI	E HOW INJ	URY OCCI	RED			
ETED	3 Suicide 8 Could not be detarmined	F INJURY — At h etc. (Specify)	iome, farm, s	street, fact	ory, offica			281. LOCATION City or Tow	(Street and m, State)	Number o	r Aural Rout	a Number,	
BE COMPLE	2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of ax											ed menner sa stated.
BE	296. BIGHATURE AND TITLE OF CERTIFIE		1 an	ne 1	~			NSE NUMB		2	9d. DATE	SIGNED (MC	onth, Day, Year)

Barrera, M.D., Memorial Hospital Medical Building, Cumberland, MD

32. REGISTRAR'S SIGNATURE

2. January Mandall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Robustiano J. 31. DATE FRED (Month, Day, Year)
APR 01 1992

DR. THOMAS CHAPPELL

31. DATE FILED (MORE) Day, No. 21

APR 0 1 1992

1992

LL BMG 912 SETON
32 AEGISTRAR'S SIGNATURE
SOUTH FROM THE SIGNATURE

SETON DR.

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RTMENT OF H	IEALTH AND	MENTAL HYGIEN		10542
	1. DECEDENT'S NAME (First, Middle, Last) FRANK F. MODERA					2. DATE OF DEATH	AY YEAR	
	4. SOCIAL SECURITY NUMBER	7	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	MARCH 26,		109:45 AM
	222 05 0775 9e. FACILITY NAME (If not institution, give	1 📉 M 2 🗆 F	69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5/18/22	DE	LAWARE
TOR	SACRED HEART				BERLAND	EATH	9c. COUNTY OF	LEGANY
DIRECTOR	10a. STATE 10b. COUNT	EGANY		Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
	10e. STREET AND NUMBER			100	ZIP CODE		T to- OITIZEN O	1 X YES 2 NO
FUNERAL	27 RICHARD WA	Y			21502		U S	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	1 Never Married 2 X Married FORCES? 1 X YES 2 NO				NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	Bi	CE — American Indian, ack, Whita, arc.
	15. DECEDENT'S EDU (Specify only highest grad	CATION	18a. DECEDENT'S	USUAL OCCUPATIO	ON	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during mo- se retired.) NEER	st of working	TND	USTIAL	
8	17. FATHER'S NAME (First, Middle, Last)	<u> </u>			18 MOTHER'S NA	ME (First, Middle, Maiden		
BEC	FRANK F. MODE	RACKI, SI			JOS	EPHINE	UNKNO	WN
2	190. INFORMANT'S NAME (Type/Print) EDITH S. MODE	RACKT				Acute Number, City or Tow VALE, MD		2
3	20a. METHOD OF DISPOSITION 1/6. Burial 2 Cremation 3 Ram		20b. PLACE AND DATE				CATION — City or	
	4 Donation 5 Other (Specify)		RUCKY mat GAT	**************************************	ANS CE		JMBERLA	
	21. STORAGUTE OF FUNERAL SERVICE U	ENSEE HO	200	HAFEI	R CHAPE NATION	L OF THE	HILLS AVALE.	MORTUARY MD 21502
	23. PART I. Enter the diseases, or shock, or heart fellure.	complicatione that co	oused the death. Do n	ot enter the mo	de of dying, suc	h as cardiac or resp	iretory arrest,	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	· Motas		donoe	carcin	oma		interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	AS A CONSEQUENCE OF					
2	PART II. Other significant condition	a contributing to de-	oth had not acculate a					
PHYSICIAN: MEDICAL	Afrial Fibr	illapon	an but not reeding i	n the underlying	r cause given in	Part I. 24a. WAS AN PERFOI	RMED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	ack only one)		
Sic	EXAMINER?	HOSPITAL:	/Outpetient 3 DOA	OTHER:				
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJ (Month, Day,)	URY 28b, TIM	E OF 28c, INJL	a S Other (Specify) 28d, DE\$CRIBE HOW INJURY OCCURED			
ETED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28s. PLACE OF IN building, etc.	JURY — At home, ferm, a (Specify)			281. LOCATION (Street a City or Town, State)	and Number or Rura	/ Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	CIAN: To the best of my	knowledge, death occurre	d at the time, data	and place, and due	to the cause(s) and mer	nner as stated.	(6) and menner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE		IN.		29c. LICENSE NUN		29d. DATE SIGNE	(Month, Day, Year)
IF	30. NAME AND ADDRESS OF PERSON WH	O COMPLETER CHISE O	E DEATH OTEM OF CE	Defeat		1 0 0	/	,

CUMBERLAND, MD, 21502

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5	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction grows is shown be detached for us		. If item 29 is marked or item 23 shows one return or other transmits among the marked arranged to a state of the contract of
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	5	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	7
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	FOR							9	2 105	43	
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	ITMENT OF	HEALTH AND	MENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. TIME OF E	DEATH	
		GARET	M	ACDONAL	D	Mar	ch 25%	1992	11:0	OP M	
	220-16-6303	1 □ M 2 ∏ F	(In yrs. lest birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont)	OF BIRTH 20 (Year) 21,192		Country) Md.	or Foreign	
· c	Sa. FACILITY NAME (If not institution, give street				OR LOCATION OF D	DEATH		9c. COUNTY OF DEATH			
D.	Memorial Hospita	l & Medical	Center	Cumbe	rland			Alle	gany		
DIRECTOR	10s. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION				10d, INSIDE	CITY	
	Md. Alle	gany	E	Barton					1 X YES 2		
RAL	10e. STREET AND NUMBER			1	Of. ZIP CODE			10g. CITIZE	N OF WHAT COUNTR	177	
FUNERAL	Rt 1 Box 63	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED							IS		
	1 Never Merried 2 Married	FORCES? 1 YES	2 X NO	If yes, s	CENDENT OF NISPA pecify Cuban, Mexic S 2 X NO Speci	en. Puerto F	? (Specify Yes lican, atc.)	or No- 1	4. RACE — American Black, White, etc.	Indian,	
BY	3 X Widowed 4 Divorced	II TEO, GIVE WAN ON D	ALES	1 1	S 2 X NO Speci	ffy:			Specify: White	2	
正	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S (Give kind of t	work done durina n	ION nost of working	16b.	KIND OF BUS	INESS/INOUS			
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	1000					l.		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		racto	ry Emp.	18. MOTHER'S NA	AME /Elest 6	FAbric	Manu	f/ Tire M	anuf.	
BE C	Henry T. V	Winters					roadwa				
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street	and Number or Rural	Route Numb	er, City or Town	, State, Zip C	ode)		
_	Marlene Kess	sel		Box :	225 , Key	yser,	Jv. 26	726			
	20e_METNOD OF DISPOSITION 1 \(\text{Density Burlai } 2 \text{Cremation } 3 \text{Removal} \)	of from State 20t	netery, crematory or o	OF DISPOSITION (A	lame of	DATE	20c. LO	CATION — CH	ly or Town, Stale		
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	1	Mt.	View Cem.	. 3 <u>-28</u>	-92 Ba	rton,	Md.		
	· Wann	1150	216	Boa	1-Warnich	k Fun	eral S	ervic	е		
	23. PART I. Enter the disesses, or con	nolications that cause	d the deeth. Do d	111	Church S	St.	Wester	nport	, Md. 215		
	snock, or nestt failure. Lis	it only one cause on e	sch line.	ot onter the m	ode of dying, suc	ur as card	ac or respii	atory arres	Interve	el Between and Death	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Counci wo me. (ung oue to (or as a consequence of):										
					7						
ON	Sequentially list conditions, b.	Pleen	CONSEQUENCE OF	una							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	Pare	las eis	·):							
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7:							
ERI	resulting in desth) LAST										
-	PART II. Other algnificant conditions of	contributing to deeth b	eut not reculting i	n the underlyir	ig cause given in	Part I.	24a. WAS AN	ALITOPSY	24b. WERE AUTOPS	V ENDINGS	
PHYSICIAN: MEDICAL							PERFOR	MED?	AMILABLE PRI	IOR TO	
ME							. □ ,E9 Z	(pho	OF DEATH?	□ NO	
ä											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. P	LACE OF DEATH (Ch	heck only one)				
14S	1 YES 2 NO 1	IOSPITAL: Inpatient 2 - ER/Outp		4 - Nursing Nor	ne 5 🗆 Rasidence						
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIMI	URY W	JURY AT ORK? YES 2 NO	28d. DEŞ	CRIBE HOW IN	JURY OCCUI	ŧED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, farm, a			281. LOCA	TION (Street a	nd Number or	Rural Route Number,		
COMPLETED	4 Nomicide determined	building, atc. (Spec	ory)			City o	r Town, State)				
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	ledge, dasth occurre	d st the time, date	and place, and due	to the caus	e(s) and men	ner as stated.			
Š	one) 2 MEDICAL EXAMINER: (On the basis of examination	n and/or leveltigation	in my opinion,	death occured at the	time, date	and place, and	due to the c	ause(a) and manner a	es stated.	
BE (296. SIGNATURE AND TITLE OF CENTIFIER	1	29c. LICENSE NUMBER			MBER		29d. DATE S	IGNED (Month, Day, Ye	nar)	
10		1			D3157	9		▶ 3.	26.92		
	30. NAME AND AGORESS OF PERSON WHO C										
	DR. K. Suresh 51 31. DATE FILED (Month, Day, Year)	7 Oldfown F	Road Cumb	erland.	MD. 21	502					
	APR 0 3 1992	DR. K. Suresh 517 Oldrown Road Cumberland, MD. 21502 31. DATE FILED (Month, Day, 16ar) APR 0 3 1992 32. REGISTRAR'S SIGNATURE									

Mark Carlotte Color Color Color

			1 - STATE OF	MARYLAND / DEP CERT	PARTMENT OF H		ITAL HYGIENE REG. NO.	
	,		1. DECEDENT'S NAME (First, Middle, Last) EMMA FLORENC	E MIDE	DLEKAUFF	M	PRIL 3. 19	YEAR 92 JULY A
	6 E	1	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2 X 1	6. AGE (In yrs. last birthd	MONTHS DAYS	HOURS MIN.	ATE OF BIRTH Worth, Day, Year)	BIRTHPLACE (State or Foreign Country) MARYLAND
	F	ď.	9a. FACILITY NAME (If not institution, give street and number) 44 EAST ANTIETAM S RESIDENCE OF DECEMENT	TREET		RSTOWN	9c. COUI	NTY OF DEATH
	2008 -	DIREC	10a. STATE 10b. COUNTY MARYLAND WASHINGT	17.5	CITY, TOWN OR LOCAT	43.57		10d, INSIDE CITY LIMITS? 1 X YES 2 NO
	nsit permit.	FUNERAL	10- STREET AND NUMBER 44 EAST ANTIETAM ST			21740		ZEN OF WHAT COUNTRY?
5-0020	iding physician.	В	11. MARITAL STATUS 12. WAS OECED FORCES?	PENT EVER IN U.S. ARMED 1 YES 2 YNO E WAR OR OATES	If yes, spe		RIGIN? (Specify Yea or No	14. RACE — American Indian, Black, White, atc. Specify: WHITE
2121	the hospital or attending detached for use as the once.	COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	(Give kind	IT'S USUAL OCCUPATIO t of work done during mos IT use retired.)	N st of working	166. KIND OF BUSINESS/IND	USTRY
RYLAND	B & &	BE CO	17. FATHER'S NAME (First, Middle, Lest) GEORGE HARRY 19a. INFORMANT'S NAME (Type/Print)	HAGER		VIOLA	GERTRUDE	STOUFFER
E. MA	age 6 may be re director, page 5 or must be no	5	C. EDWARD MIDDLEKAUF	F P.0		5, BERKEL		. W. VA.2541
BALTIM			1 M Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	cemetery cremetory of CEDAR LA	WN MEMORIA	AL PARK 3-6		OWN, WASHINGTON,
	rs after death, Page of the funeral dire- removal.		23 PAST I Enter the disease of completions		ANDER	W K. COFFM. ST ANTIETA	AN FUNERAL H M ST.,HAGERS	OME, INC. TOWN,MD. 21740
68760,	within 24 hours npletely filled in t cremation, or re-		23. PART I. Enter the disessea, Dr complications t shock, or heart fellure. List only one of IMMEDIATE CAUSE (Final disesse or condition resulting in death)	ause on each line. Officer	and H	e of dying, such as		Approximete Interval Between Onset and Death
P.O. BOX 687	th certificate be execuending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	CAUSE (Disease or Injury	TO (OR AS A CONSEQUENCE				
RECORDS,	r requires that the oben signed by the t. of Health and Me shows any injury	: MEDICAL	PART II. Other significant conditions contributing	to death but not reaultin	ng in the underlying	cause given in Part i	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAL	The hate h	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input on 1	☐ ER/Outpatient 3 ☐ DOA	OTHER:	CE OF OEATH (Check onl		
NOF	PHY this with	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending (Month, 2) Accident Investigation		TIME OF 28c. INJU	RY AT 28d.	DESCRIBE HOW INJURY OCC	UREO
DIVISION	CTOR: A after d	ETEO	4 Homicide determined	OF INJURY — At home, fern g, etc. (Specify)	n, street, factory, offica	2at. t	OCATION (Street and Number of City or Town, Stets)	or Rural Route Number,
۵		COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best MEDICAL EXAMINER: On the basic of	of my knowledge, death occur examination and/or investiga	urred at the time, date e	and piece, end due to the	cause(a) and manner as state	d. cause(a) and manner as stated.
	TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CENTIFIED	ceke		29c. LICENSE NUMBER 7/1/26	29d. DATE	SIGNED (Month, Day, Year)
			H.N. Weeks	USE OF OEATH (ITEM 27) (Ty	Nor The	a Av	HARRISTO	use las
0			31. DATE FILED (Month, Day, Year) 22. REGISTI	PAR'S SIGNATURE		-		Mar .

Section - In the law of

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DALLINOUR, MANILANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	HT OI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP S
	-	* 43	-1

	1 - STATE REGISTRAR	STATE OF MAI		DEPARTME RTIFICA				NTAL HYGIEN REG. NO.		2	0545
- 100	1. DECEDENT'S NAME (First, Middle, Last) 1. Decedent's NAME (First, Middle, Last) 1. SOCIAL SECURITY NUMBER 5	SEX 6	Mildre	ed B. MC	ONN DER 1 YEAR	IF UNDER 24		DATE OF DEATH DATE OF BIRTH		YEAR 2	TIME OF DEATH
)	The second of th	□ M 2 💢 F	85	YRS. MONTH	S DAYS		MIN.	(Month, Day, Year) 01-18-19(07 E	redei	CE (State or Foreign
ROTO	Washington County			30.0	n		ec. county of DEATH Washington				
DIRECTOR	PA Fran	klin		10c. CITY, TOWN OR LOCATION Waynesboro					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 10321 Polidor R				101	ZIP CODE	7268		10g. CITIZE	N OF WHAT	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	JED 1	If yes, sp	ENDENT OF I	Maxicen, Pu	RIGIN? (Specify Yea erto Rican, etc.)	or No- 1-		American Indian, lite, etc. White
PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementery/Secondary (0-12) 9	(Giv life. i	EDENT'S USUAL e kind of work do to NOT use retired	ne during mo	ON st of working		Public				
BE COMPL	17. FATNER'S NAME (First, Middle, Lest) Hiram		astoare		18. MOTNER		First, Middle, Malden	Surname)	vetze)		
70	Joyce Elaine Monn							Number, City or Town			
	29 METHOD OF DISPOSITION 1-04 Surfel 2 Cremation 3 Ramoval 4 Donation 6 Other (Specify)		20b. PLACE AI cometary, crem Green	DDATEOFDISP atory or other place H1111	osition (Na emete	me of ery	1		eation — ch resbor		17268
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Souler Derry		22. NAME AND ADDRESS OF FACILITY Grove Funeral Home, Inc. 50 S. Broad ST, Waynesboro, PA 17268							
	23. PART I. Enter the diseases, or com- ahock, or heart feliure. Lief iMMEDIATE CAUSE (Fine) disease or condition resulting in death) a	Preu	AS A CONSEOU	Le.	er the mo	de of dying	, such as	cerdiac or respir	ratory arrea	t,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II Other significent conditions of	culty (th but not re-	suiting in the	en in Part	i. 24a. WAS AN / PERFORI 1 YES 2	MED?	COM OF E	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE MEATH? YES 2 NO		
PHYSICIAN:		OSPITAL:	Outputtons 2 F	ОТН	ER:	ACE OF DEAT					
ву РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	IRY	28b. TIME OF INJURY	28c. INJU	JRY AT	28d.	Other (Specify) DESCRIBE NOW IN	JURY OCCUP	RED	
	2 Accident Investigation 3 Suicide 6 Could not be determined	IURY — At hom (Specify)	e, term, etreet, fa			281.	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,	
COMPLET	29a. CERTIFIER (Check only 2 MEOICAL EXAMINER: 0	t: To the best of my k	nowledge, deat	h occurred at the	time, date	and place, an	d due to the	e cause(s) end mans	ner as stated,	euse(s) and	menner as stated.
TO BE	SHOW SHOWARD THE OF CERTIFIER	Uli	ا رس	M		29c. LICENS	E NUMBER	3	29d. DATE S	IGNEO (Mon	th, Day, Year)
7	30. NAME AND ADDRESS OF PERSON WHO CO	Cass	11)	27) (Type, Print)	9 1	towe	ll	Rd 11	eyer	ton	whel
	31. DATE FILE (MOST). DE. 3007 1992	32. POGISTRAR'S	SIGNATURE R	hal					J	Zi	742
											DHMH-18 Rev 1/89

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CERTIFICATION

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DIRECTOR: After the hours after death v

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HOSPITAL OR ATTENDING PHYSICIAN:

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	75	İė:
ORATIENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	sician.	
UINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Presentender with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al-transit permit.	Pages
Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	1 alim	

REG. NO DECEDENT'S NAME (First, Middle, Last) Paul Edward Moore 2. DATE OF DEATH 3. TIME OF GEATH ENUMPO MOORE P . 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-16-0468 73 DAYS 1 🕅 M 2 🗌 F 12/16/1918 Knoxville, MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Frederick Brunswick TXXYES 2 NO 10e. STREET AND NUMBER 10t. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 305 Brunswick Street 21716 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE --- American Indien, Black, White, stc. FORCES? 1 YES 27
IF YES, GIVE WAR OR DATES 2 00 1 Never Married 2 1 Married 1 NES 2 NO Specify 3 Widowed 4 Divorced White 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 11 Engineer B & O RR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Ada Bussard Moore Edward Moore 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thurmona K. Moore 305 Brunswick St., Brunswick, MD 21716 20a. METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE cemetery, crematory or other place)
Mt. Olive Cemetery 4 Donation 5 Other (Specify) 3/7/92 Lovettsville, VA 21. SIGNATUSE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Milliams, Barbara A. John T. Williams Funeral Home Funeral Dir. 100 Petersville Rd., Brunswick, MD 21716 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition emond MONTH resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS failure AMILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO OF DEATH? ax 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL:
Impellant 2 ER/Outpetlent 3 DOA OTHER: ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as atteted. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) 016675 31 4 شيبه 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27/17/pg. Print) Mh ALLGMED 21716 flux 5 wick 31. DATE FILED (Month, Day, Year)
MAR 1 3 32. EGISTRABIS SIGNATURE Pandelle.

les .

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

23 '92

1. DECEDENT'S NAME (First, Middle, L								2. DATE	REG. NO	DAY	YEAR	. TIME OF DEATH
			STICO)				3	2	1	921	4:15 A.
4. SOCIAL SECURITY NUMBER 180-16-3527A	5. SEX 1 1 2	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.	(Month	DE BIRTH Day, Year)	2	8, BIRTHP Country)	
9a. FACILITY NAME (If not institution, g				9b. CITY	TOWN (OR LOCAT	ION OF DE		00-2		DE DE	PA
	EE CREEK	ROAD	9b. CITY, TOWN OR LOCATION OF DE					ou oout or out			MH	
RESIDENCE OF DECEDENT		ROMB	CHESTERTOWN					KENT				
FLORIDA CO			Y, TOWN C							1	Od. INSIDE CITY	
51		FC	RT	_	_					1	YES 2 NO	
10e. STREET AND NUMBER	A OHEEN I	7 T 7 A D I	emir o	D. M.	101	ZIP COD				10g. CITI	ZEN OF WH	AT COUNTRY?
11. MARITAL STATUS			ETH CRT. 32949								USA	
1 Never Married 2 Married	FORCES?	NT EVER IN U.S. A		1 1	If yes, sp	ecify Cubi	an, Mexice	n, Puerto R	(Specify Ye	e or No-	14. RACE - Black,	- American Indian, White, etc.
3 Widowed 4XXDivorced	IF YES, GIVE	WAR OR DATES		1	1 🗌 YES	2 NO	Specify	<i>/</i> :			Specify:	WHITE
15. DECEDENT'S (Specify only highest g	DECEDENT'S	USUAL OC	CCUPATIO	ON		16b.	KIND OF BU	ISINESS/IND	USTRY	WILLE		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of the Do NOT us	work done one retired.)	during mo	st of world	ng	3.5.				
8 yrs			PRES	IDE	NT			A	.V.A	EL	ECTR	ONICS
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI		liddle, Maider			
ANTI	IONY MUS	STICO					LLI		JOHN			
Joanne Reyno	1 d c	1						Route Numb	er, City or Tov	vn, State, Zip	Code)	
	105			OUGI			RT	DOV				19901
20e. METHOD OF DISPOSITION 1 Buriel 2 X Cremation 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City of Tow												
4 Donation 5 Other (Specify) R.A. FERRIS COMPANY 3-25 WEST CHESTER PA												
FELLOWS-WELLS FUNERAL HOMES												
213 HIGH ST. CHESTERTOWN MD 21620												
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximate interval Between												
interval Between Onest and Death												
disease or condition resulting in death) a. ACUTE MYD CARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, ARTERIOSCLEROTIC CARDIOUAS CUIADDISEASE												
DUE TO (OR AS A CONSEQUÊNCE OF):												
Sequentially list conditions, b. ARTERIOSCLEROTIC CARDIOUAS CUIADDISEASE												
If any, leading to immediate cause. Enter UNDERLYING												
CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CONSI	EOUENCE OF):								
reaulting in death) LAST	. d.											
PART is Other elgoliteset condi-	None continue a	4										+
PART II. Other algoriticant condi	tional contributing to	death but not	reaulting i	n the un	derlying	cause	given in f	Part I.	24a. WAS AN PERFOI			ERE AUTOPSY FINDING AILABLE PRIOR TO
								- 1	1 TYES 2	×010		OMPLETION OF CAUSE F DEATH?
								_		,	1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL												
EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)			
1 YES 2 NO	1 Inpetient 2		-		_		sidence (6 🗆 Other				
1 Natural 5 Pending	(Month, E		28b. TIMI	URY	28c, INJU WOI	RK?	7.00	28d. DE\$0	RIBE HOW I	NJURY OCC	UREO	
2 Accident Investigation 3 Suicide 8 Could get	28a PLACE C	F INJURY — At h	ome, ferm, e	treet facto		ES 2	NO	201 1 000	TION (Character		0.10	
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)												
29a. CERTIFIER (Check only 1												
		triy kritwiedige, d	watn occurre	a at the tir	me, date	and place.	, end due t	to the caus	e(a) and mar	oner as state	d	
(Check only one) 2 MEDICAL EXAM	INER: On the basis of a	xamination and/or	Investigation	ı la mu c-	ninion d	oth acc	and on all	dina dia	ad atte	At an artist of		
2 MEOICAL EXAM	INER: On the basis of a	xamination and/or	Investigation	n, In my op	pinion, de	ath occur	ed at the t	lime, date a	nd place, an	d due to the	cause(s) a	
(Check only one) 2 Medical Exam	INER: On the basis of a	xamination and/or	Investigation	n, In my op	pinion, de	ath occur	NSE NUMI	lime, date a	nd place, an	d due to the	cause(s) a	onth, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. SEPH IRVIN MIDDLETON, 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Joseph ,5r. 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH 8. BIRTHPLACE (State IF UNDER 1 YEAR IF UNDER 24 HRS 3-27-1916 218-36-5110 X M 2 □ F 76 Maryland page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH Prince Gr southern DIRECTOR 10c, CITY, TOWN OR LOCATION Maryland Charles Waldorf 1 TES 2XX NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 402 Renner Road 20602 USA the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES XX XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 XXMarried If yes, specify Cuban, Maxican, Puerto Rican, etc.; 1 TESXENO BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Farmer Agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Dyer Middleton, Sr. notified at hours after death. Page 6 may be retained by Bertha E. Cook 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary C. Pruitt Box 402 Renner Road, Waldorf, Md. 20602 Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 1 Durial 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) funeral director, St. Peter Soctemetery 4-7-92 Waldorf, Md. 21. SIGNATURE OF FUNEOAL SERVICE LICENSEE TO examiner 22. NAME AND ADDRESS OF FACILITY M00310 Huntt Funeral Home O. Box 156, Waldorf, Md. removal. medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate filled in shock, or heart failure. List only one cause on sach line. intervai Between IMMEDIATE CAUSE (Finel **Onset and Death** the Inforction cremation. disesse or condition resulting in death) Myocardial completely HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within event. DUE TO (OR AS A CONSEQUENCE OF): burial, CONGETIVE other traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to Se 15012 CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 0 injury. PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS certificate has been signed by the State Dept, of Health and 1, or item 23 shows any in AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 - YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER 1 - YES 2 NO 1 Nonpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) L DIRECTOR: After this cer hours after death with th liem 28 is marked, o 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT with t 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 8 29d. DATE SIGNEO (Month, Day, Year) 2 PÉRSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PEMBROOKE HARMA 31. DATE FILEO (Month, Day, Year)
APR 0 8 92

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ME	as b	em 23 shows any injury, or other traumatic event, the medical examiner must b
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Curs after death. Page 6 may be refined to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 munitive has study within 72 hours after hearth with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.

1	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND	MENTAL HYGIEN REG. NO				
	I. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH MONTH D	AY	YEAR 3. TIM	E OF DEATH	
	Frances Chyrl Ma				.,	3-24-92		12:		
_			yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		Country)	(State or Foreign	
- 16-	15-40-8055 1 Se, FACILITY NAME (If not institution, give stree	□ M 2 🖁 F 49	YRS.	an other mor	WN OR LOCATION OF D	6-24-1942		North C	arolina	
E C	Rt. #2 Box 696	and numbery			a Springs	EAIN	Wicomico			
3 F	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION		10d, INSIDE CITY LIMITS?			
5	Maryland Wico	mico	Springs		1 TES 2 TO NO					
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	EN OF WHAT C	DUNTRY?	
5	Rt. #2 Box 696				21837		U. S	S. A.		
I	11. MARITAL STATUS 1: 1 Never Merried 2 A Merried 3 Widowed 4 Divorced	R. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If ye	DECENDENT OF HISPA s, specify Cuben, Mexico YES 2 NO Speci		a or No— 1	I4, RACE — Am Black, White Specify:		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col		16a. DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION g most of working	16b. KIND OF BU	SINESS/INDU	STRY		
로	11		Homema	aker		Own Ho	me			
5	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Melder				
W L	Truelove Sellers					obles Sell				
	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
	Dailey Matlick					la Springs				
- 1	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 🔯 Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	I from State	other place)		ematorium			or Town, Sta	rte .	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	flort!		Sho	ort Funera O. Box 20		DE 19	9940		
CERTIFICATION	ahock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE CONSEQUENCE		e Wenta	TIC CAR	CIND		Interval Between Onset and Death South	
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	contributing to death b	ut not resulting		riying cause given in	PERFO	AVAIL. COMP OF DE	AUTOPSY FINDINGS IBLE PRIOR TO LETION DF CAUSE ATH? YES 2 LMP		
5	EXAMINER?	IOSPITAL:		OTHER:						
PHYS	27. MANNER OF DEATH 1 Sentence	28e. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28	c. INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED		
TED BY	2 Accident Investigation 3 Suicide a Could not be defamilied	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm	, atreet, factory	offica	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI ONE) 2 MEDICAL EXAMINER:								manner as stated.	
BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DPLUS SYEK, Cold 8 5, Shale 5. Devan De 18846									
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (7)1	GALJE	5. 8	SUMM	35	1994)	
8	31. DATE FILED (Month, Day Year) 39. REGISTRAR'S SIGNATURE June Davidson - Alexandron - Alexan									

William W. Sheett

See .

21215-0020

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAN		CE	HILL	ICALE	UF	DEA	П	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1							2. DATE OF DE	DAY		YEAR	. TIME OF DEATH
	Betty Ann Nicho								March	28	1	992	7:55 a M
		5. SEX 6.	. AGE (In yrs. lest	birthday) :	MONTHS	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIR (Month, Day,			8. BIRTHP Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY,	TOWN C	R LOCATE	ON OF DE	, , ,	70	9c. COU	NTY OF DEA	NTH
OR	DOCTORS COMMUNITY	HOSPITA	L	LANHAM								GEORGE 'S	
Б	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c CIT	Y, TOWN O	OR LOCAT	ION	_					
DIRECTOR	MADAT AND	E GEORGE	's		SEABE		ion						Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 96/4 WOODB	ERRY STRE	EET	10f. ZIP CODE 20706						10g. CITIZEN OF W			
F.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E	VER IN U.S. ARM	ED					IIC ORIGIN? (Spe		or No—	14. RACE - Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES				2XXNO	Specify				Specify: BLA	CK
	15. DECEDENT'S EDUCA (Specify only highest grade of	e kind of a	USUAL OC	CCUPATIO	ON st of working	10	16b. KIND	OF BUSI	NESS/INC	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life, E	Do NOT us	e retired.)								
OM	17. FATHER'S NAME (First, Middle, Last)				AM ANALYST 18. MOTHER'S NAME (First, Middle, Maiden Surname)								
BE C						10. 11.011	LII O III	me (i not, miodio,	mercorr o	orname)			
0	19a. INFORMANT'S NAME (Type/Print)								Poute Number, City			20	0770
	PAMELA NICHOLSON		7					RACE	APT. 10				
	1 Burial 2XXCremation 3 Remov	rel from Stata	206. PLACE AN cemetery, crem METRO	atory or o	ther place)		me of		3 -3 指- 1992			ORE. N	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	13122110	41121	22. 1	NAME AN	D ADDRE		CILITY			ILE, I	10.
	Farry S.	Roese	2		RE 82	ESE	& SC	NS N	MORTUARY ANNAPOL	Y, P	.A.	21/01	
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie	mplications that c	eused the dee	th. Do r	ot enter	the mo	de of dy	ng, auc	h aa cardiac o	reapire	tory arr	reat,	Approximata
,	IMMEDIATE CAUSE (Finei										interval Between Onset and Death		
	disease or condition resulting in death) s.	BLEFDI	N 07 I	070	BA	SINC	HIAL	JTI	EF->	ASPI	RAT	70N	
2		TENSI			DMC	TH	toRI	4X					
TIO	Sequentially list conditions, if any, leading to immediate		R AS A CONSEQU	CONSEQUENCE OF):									
2	CAUSE (Disease or Injury	MULTI (OI		RESPIRATI			TORY DISTRE			FIS SYNDROM		ROME	
CERTIFICATION	that initiated eventa resulting in death) LAST	SEPT	PTIC SHO				OCK: RENAL FI			AILURE.			į
	PART II. Other significant conditions	contributing to de	eath but not res	sulting i	n the un	dertvino	Cause 6	dven in	Part I Sta V	MAS AN A	umesv	Take W	ERE AUTOPSY FINDINGS
EDICAL	GENERALISED I	PERITON	TTIS:	No	CRO	TIS	NA	Lo	DEF '	YES 2	HD7	A	WAILABLE PROOR TO OMPLETION OF CAUSE
MED	LEOMYOMAS DO	UTERU	23 COA	LOGU)	LOP	ATH	Y of	NEI		"	Vino	100	VES 2 NO
	EXPL. LAPARITON	14X3 (1	HYSTERE	CTOI	vy):	TRA	CHE	OTE	MY	- 250			
PHYSICIAN:	25. WAS CASE REPERRED TO MEDICAL EXAMINER?	HYPOTHE	RMIA;	PNE	OTHER		ACE OF D	EATH JON	nce daly ones				
14S	27. MANNER OF DEATH	25s. DATE OF IN.		DOA ZBb. TIMI	4 🗆 Nurs	ing Home	s S [] Re	aldence	8 COther (Speci	-		-11III	
BY P	1 Natural 5 Pending	(Month, Digs		INJ		1 V	HIC?	No.	28d. DESCRIBE	HOW INC	NUMY ISCO	CURRED	
	· 3 Suicide 5 Could not be	NJURY — At hom	e, farm, s	dreet, facto	ory, office			281. LOCATION		d Number	or Rural Roo	rte Number,	
ET .	4 Homicide determined			-									
COMPLETED	29a. CERTIFIER (Check only one) 2 IMEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morth, Day, Year)													
TO B	2. Jamara	cours (c	vary,	71	N.		D.	34	-525		► E	3/28	192
	30. NAME AND ADDRESS OF PERSON WHO C	MD -	OF OEATH (ITEM		Print) MIT	TCH	FLIV	NLIA	LE ROO	id; t	t210	4/5	30WIE MD-20716
	31. DATE BLED WORD DE 1992 9	1 ,82. REGISTRAR'S	SIGNATURE	-								1	w50710

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DIVISION OF ALL AL ALCOADS, P.O. BOX 86780,	The	ate his	tate D	E
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	OR A	DIREC	NOUTS	tem
•	PITAL	RAL	27	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune at director	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mus
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEAL		NTAL HYGIEN					
- 1	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH	AY Y	3. TIME OF DEATH			
8	LENA	D		EWELL		03		92 09:49 AM M			
	4. SOCIAL SECURITY NUMBER					DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
	218-01-2456	1 M 2 R F	100 YRS.		77	1/13/18		reland			
œ	9e. FACILITY NAME (If not institution, give s	227	-	CITY, TOWN OR LOC		4	9c. COUNTY				
DIRECTOR	NORTH ARUNDEL	HOSPITAL ASSO	OCTATION	GLEN B	URNIE			A.A. COUNTY			
Ä	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION				10d, INSIDE CITY			
	MD Anne	Arundel	Sev	erna Pai	rk		LIMITS?				
M	10e. STREET AND NUMBER			10f. ZIP C	ODE		10g. CITIZEI	N OF WHAT COUNTRY?			
FUNERAL	200 Oak Ave.			21	146		U.S.	A.			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED			ORIGIN? (Specify Yes	or No 14	. RACE - American Indian, Black, White, atc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YES 2 🙀		and Court, 184		Specify:			
	15. DECEDENT'S EDU		16a. DECEDENT'S USU	AL OCCUPATION		16b. KIND OF BUS	SINESS/INDUS	White			
	(Specify only highest grade Elementary/Secondary (0-12)										
린	Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home										
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			19. M	OTHER'S NAME	(First, Middle, Maiden	Surneme)				
BE)evlin			Susan						
0	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Num				The second secon			
	Doris Hazel My	a Park,	MD 2	1146							
	20e, METHOD OF DISPOSITION 1 № Burlel 2 □ Cremation 3 □ Rem		p. PLACE AND DATE OF DI netery, crematory or other p				CATION — City	y or Town, State			
	4 Donation 5 Other (Specify)		len Have	Cem.		3/25 G1	en Bu	rnie, MD			
	11100	72		22. NAME AND ADD	MESS OF FACILI	TY.	495 Ri	tchie Hwy.			
_	Toll	June				ralHome	Severn	a Park MD21146			
7	23. PART Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Let Veuticular feuiller BUE 10 (OR AS A CONSEQUENCE OF): Sequentially list conditions, Due 10 (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	IT any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	a contributing to deeth b	out not resulting in th	e underlying caus	e given in Par	t i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
M	25. WAS CASE REFERRED TO MEDICAL			26. PLACE O	F DEATH (Check	only one)	_				
S	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs		HER: Numing Home 5 [
<u></u> }	27. MANNER OF BEATH	28e. DATE OF INJURY	26b. TIME OF	28c. INJURY AT		d. DESCRIBE HOW I	NJURY OCCUR	RED			
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES	2 🗌 NO						
COMPLETED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	, factory, office	20	t. LOCATION (Street e City or Town, State)	and Number or	Rural Route Number,			
ן ב	29a. CERTIFIER (Check only	ICIAN: To the beat of my know	ledge, death occurred at	the time, data end pl	ace, end due to t	he cause(s) end man	ner ee stated.				
8								ause(s) and manner se stated.			
	29b. SIGNATURE AND XITLE OF CONTIFIED	1/	1		ICENSE NUMBE		29d. DATE S	IGNED (Month, Pay, Year)			
BE	11/11/	11-1 Q11	10 un		DO 18	18	> 3	1/23/92			
2	MAX C. FRANK, 1	M.D./7575 RIT	TCHIE HIGHV	VAY, S.E.	/GLEN B	BURNIE, M	ARYLAN	D 21061			
	MAR 3 0 1992	Julia Dandon-M	ature and the								

Language Street Street

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	Edward Er	nest No	rdhoff		2. DATE OF DEATH Marich 28	1992	3. TIME OF DEATH	
-	/	4. SOCIAL SECURITY NUMBER 216-12-1801	1 R M 2 □ F 70	(In yrs. lest birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	0. BH Cor	RTHPLACE (State or Foreign unitry)	
E F	(ء	9a. FACILITY NAME (If not institution, give s Rt#1 Box#95		L M. J	100	N OR LOCATION OF D	EATN	9c. COUNTY O		
1		Rt#1 Box#95 Rock Hall Md. Rock Hall Kent Co								
Page 1	DIRE	Md . Ken	The strip form of about 10th						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
Derman	AL	10e. STREET AND NUMBER				101. ZIP CODE	10g. CITIZEN O	F WHAT COUNTRY?		
萝	FUNERAL	R+#1 Box	95 Rock	Hall Md. 21661				Α.		
21215-0020 at or attending physician. for use as the burlal-transit	BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 ☑ YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO NATES	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 NO Specif		Sp	ACE — American Indian, lack, White, atc. pecify:	
r attending use as the	8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS			
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	College (1-4 or 5+) Iffe. Do NOT use retired		done during most of working tired.) Maintenance Mari				
AND the hospital detached to once.	ON	17. FATHER'S NAME (First, Middle, Last)			- Mall		ME (First, Middle, Maiden	Surname)		
YE do	BE C	Edwin C.	Nordhoff			Esthe	lv			
MARYLAND retained by the hospit 5 should be detached notified at once.	70	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or Town), State, Zip Code)	21661	
- 8 9 0		Mary C. No.		Box	#95 Rt	#1 Rock	Hall Ke	ent Co	Md	
ALTIMORE, death. Page 6 may be tuneral director, page examiner must be		20s. METHOO OF DISPOSITION 1 Greates 2 Gremation 3 Grem 4 Donation 5 Green (Specify)	numl forum Ctata	netery, crematory or o				CATION — City or	HallKent _{Co}	
Page direct		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Wesley	Chane 22. NAME	Cemete AND ADDRESS OF FA	CHITY		1410	
60 72		· Thomas H.	Hol kenton	in			bein Fune	eral Ho	d.21661	
68760, B secured within 24 hours after and completely filled in by the burial, cremation, or removal afte event, the medical		23. PART I. Enter the diseases, or o shock, or heart failure, IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. MVO (a.	CONSEQUENCE O	(7	nfire	,	ratory srrest,	Approximate interval Between Onset and Death	
O. BOX 68 certificate be execunding physician and Hygiene prior to buring r other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O					101/11	
the death the attend of Mental		PART II. Other significent condition	and and							
CORE signed by Health and ws any in	MEDICAL	Planek	N/ //-	Mrs -	NIE	DM	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
> 0 -										
▼ 9 = -	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH, (Ch				
- B # 8 -	PHYS	1 YES 2 MANO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outp	patient 3 DOA 28b. TIM		ome 5 1. Residence	6 Other (Specify) 28d. DESCRIBE NOW II	HISY OCCURED		
ISION OF TTENDING PHYSIC TOR: After this cer after death with th 28 Is marked, 1	BY PI	1 Accident 5 Pending Investigation	(Month, Day, Year)	INJ	M 1	WORK? YES 2 NO	50,000			
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 Is man	ETED	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, fectory, of	fice	281. LOCATION (Street a City or Town, State)	nd Number or Run	el Route Number,	
	COMPL	one) 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the basis of examination						e(s) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	O BE	296. SIGNATURE AND TITLE OF CERTIFIER	Cens	an	MO	DIG LICENSE NUI	488	29d. DATE SIGN	SI 192	
	F	30. NAME AND ADORESS OF PERSON WHO	anin Mi	ATH (ITEM 27) (Type	hes	tertor	~ M	0 2	1620	
	8	31. DATE FLEO (MONTH, Day, Year) MAR 3 1 '92	32. REGISTMAR'S SIGN	-	œ.					

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BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	 by the funeral director, page 5 should be detached for use as the funial-tra- temoval. 	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funtal-transition, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF CERTIFICATE OF		MENTAL HYGIE		2-10554		
	1. DECEDENT'S NAME (First, Middle, Lost)	Illian NozTh	<i>‡</i>		2. DATE OF DEATH		EAR 3. TIME OF DEATH		
ron	4. SOCIAL SECURITY NUMBER 578 - 42 -3036	5. SEX 8. AGE (in yrs. I	lest birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	31	BIRTHPLACE (State or Foreign Country)		
	90. FACILITY NAME (If not institution, give str. MAY AT RESIDENCE OF DECEDENT	vet and number) VD HOSPITA	9b. CITY, TOWN	OR LOCATION OF DE	ATH	PLIN	OF DEATH GEONLES		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	charles	10c. CITY, TOWN OR LOCA	la-ta			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
NERAL	626 CLARKS	RUN ROAD		2064	6	0	of what country?		
ВУ	11, MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	NO If yes, s	CENDENT OF NISPAN pecify Cuben, Mexicer S 2 NO Specify	n, Puerlo Rican, atc.)	Yes or No—	. RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.)	ION lost of working	16b, KIND OF	BUSINESS/INDUS	TRY Stores		
	17. FATHER'S NAME (First, Middle, Leel)	onge Nort	MANINGE	-/	ME (First, Middle, Meld	len Sumeme)	11:		
TO BE	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Pural Poure Number, City or Town, State, Zip Code) Same AS # 10								
	20a. METHOD OF DISPOSITION Date								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND STORIES OF FACHITY ARCHAOL FUNERAL Home, Inc. P. D. Box 567 La Plata, and 20146								
	23. PART I. Enter the diseeses, or co shock, or heart failure. L	omplications that coused tha distribution one cause on each line.	daeth. Do not entar the m	ode of dying, auch	as cardiac or re	apiratory arrea	t, Approximata Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
TION	Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d.								
¥.	PART II. Other aignificant conditions	contributing to death but not	t resulting in the underlyi	ng cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE		
PHYSICIAN: MEDIC					1 _ YES 2 MNO		OF DEATH?		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
HYS	1 TYES 2 TONO 27. MANNER OF DEATH	1 Compatient 2 ER/Outpatient 28e. DATE OF INJURY	28b. TIME OF 28c, II	me 5 Residence	6 Other (Specify) 28d. DESCRIBE NO	W INJURY OCCU	RED		
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation		INJURY WORK? M 1 YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)				.OCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner ea stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.								
TO BE C	29b, SIGNATURE AND TITLE OF CERTIFIER	Kei di jeng	b0	29c. LICENSE NUN	3 U		IIGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO	D. B9 26 Worky		(Clisto	N, 40 20	734.			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							

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lotified at once.

	1 - STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	10333							
	1. DECEMBER SHAME STOP MICHIEL LOSI)		2. DATE OF DEATH) DAY GO	YEAR 3. TAMES F SEATH							
		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Ohio							
TOR	Anne Arundel Medical Center	9b. CITY, TOWN OR LOCATION OF DI Annapolis	EATH 9c. COUNT	TY OF DEATH							
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY,	72		10d, INSIDE CITY LIMITS?							
	100. STREET AND NUMBER 907 May Lane	10f. ZIP CODE 21666		EN OF WHAT COUNTRY?							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEMENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexice	NIC ORIGIN? (Specify Yes or No — 1 en, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, atc. Specify:							
COMPLETED	(Specify only highest grade completed) (Give kind of wo life. Do NOT use	ork done during most of working retired.)		STRY							
OME	17. FATHER'S NAME (First, Middle, Last)			Maryland							
		The state of the s	, , , , , , , , , , , , , , , , , , , ,								
38 6				Code)							
임	Spencer C. Powers, Jr. 907 May Lane, Stevensville, MD 21666										
	20a. METHOD OF DISPOSITION 1.X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	DISPOSITION (Name of	DATE 20c. LOCATION CH	ity or Town, State							
	lalls rup	Taylor Funer	ral Chapel ter St. Annan	21401							
	STATE OF MARTICARD JURGENS LAND. STATE OF MARTICARD JURGENS AND CONTROL OF DEATH READ NO.	at, Approximate									
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition	of hy	per calcon								
NO	Sequentially list conditions b.	for Statil	Ca Breas	+ 64							
ICATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	THE CALL OF DEATH CERTIFICATE OF DEATH REG. NO. 2. DUE OF GERTINAL OCCUPATION SECURITY, TOWN OR LOCATION OF DEATH Anna Polics SECURITY, TOWN OR LOCATION SECURITY OF DEATH Anna Polics SECURITY TOWN OR LOCATION SECURITY TOWN OR L									
ERTIF	that initiated events resulting in death) LAST d.										
AL C	PART II. Other significant conditions contributing to death but not resulting in	the underlying cause givan in		24b. WERE AUTOPSY FINDINGS							
EDIC	IDOM			COMPLETION OF CAUSE							
Z	MORBIO OBESITY.		′	1 TYES 2 NO							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ack only one)								
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4		8 Other (Specify)								
	Natural 5 Pending (Month, Day, Year) INJUR	RY WORK?	26d. DESCRIBE HOW INJURY OCCUR	RED							
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, stre	ret, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,							
1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	st the time, data and place, and due	to the cause(a) end manner ee stated	J.							
COMPLETED BY PHYSIC	2 MEDICAL EXAMINER: On the basic of axamination end/or investigation,	In my opinion, death occured at the	time, date and place, and due to the	ceuse(a) and manner ee stated.							
TO BE (296. SIGNATURE AND TITLE OF CERTIFIED PRINTS W	1)2	1438. DATE S	3/30/92.							
	30. NAME AND ADDRESS OF DEATH (ITEM 27) (Type, P) MICHAEL LATEN TAWN 600	PROGLEY A	VE #120 A1	NNABLOM							
	24 DATE FILED (14-14 D. W.)			21401							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 5 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be received for use as the bunal-ty be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at the contraction.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARKEN	BALTIMORE, MARXAND 21215-0020
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be manying for use as the burial-to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be neglitied in the contraction.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	may be retained by the supital or attending physicia
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at the contract of the contract	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Debt, of Health and Mental Hotelee prior to build commission or removal	r, page 5 shown by training for use as the burial-ti
	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified and	st be notified and

31. DATE FILED (Month, Day, Year)

APR 7 192

32 REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIE					
	1. DECEOENT'S NAME (First, Middle, Last) MARGLARE		POOLE			2. DATE OF DEATH MONTH	DAY	3. TIME OF DEA	TH 2 M		
	4. SOCIAL SECURITY NUMBER 216.46.448.0 98. FACILITY NAME (If not institution, give	1 - M 2 X F 8	E (In yrs. last birthday) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 7 / 9 / 0 9		BIRTHPLACE (State or F Country) Md.	Foreign		
TOR	Carroll Coun	· ·	l Hospit		stminst			roll			
	Md. Ca	rroll	10e. CIT	y, TOWN OR LOCA Syke	sville,		10d. INSIDE CITY LIMITS? 1 YES 2 1				
NERAL	7200 Third A				ON. ZIP CODE 2178		U	S.A.			
B∀	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 NO I DATES	1 TYE	pecify Cuben, Maxico S 2X NO Specif	NIC ORIGIN? (Specify) an, Puerto Rican, atc.) fy:		RACE — American Ind Block, White, etc. Specify: White	len,		
PLETE	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) H . S .	UCATION to completed) College (1-4 or 5+) + 4	16a, DECEDENT'S (Give kind of v life. Do NOT us HOMEM	work done during m retired.)	ION ost of working	16b. KIND OF B	USINESS/INOUS	TRY			
ш	17. FATHER'S NAME (First, Middle, Last)	Allen W.			18. MOTHER'S NA	AME (First, Middle, Maide	n Sumame)	in Brown			
TO B	190. INFORMANT'S NAME (Type/Print) Brian A. Pool		19b. MAILINO	ADDRESS (Street		Route Number, City or To	own, State, Zip Co				
	20e. METHOD OF DISPOSITION 1 Burisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20c. LOCATION - Cify or Town, State CarrollCremation Services Hampstead, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LI	Hainh	_	22. NAME A	O.BOX 1	CHITY		uneralHo	me 784		
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiratory arrest, hard failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIAC ARRYTHMIA OUE TO (OR AS A CONSEQUENCE OF):										
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF) :							
ERTIF	CAUSE (Disease or injury that initiated evente resulting in death) LAST d.										
MEDICAL	PART II. Other eignificant condition	ne contributing to death	but not resulting is	n the underlyin	g cause given in		PRMEO?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF 6 OF DEATH?	TO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	stpatient 3 DOA	OTHER:	LACE OF DEATH (Che						
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN.	ORK?	8 U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED			
	3 Suicide 6 Could not be determined	26s. PLACE OF INJUR building, atc. (So	RY — At home, farm, s lecify)	treet, fectory, offic	•	261. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,			
COMPL	298. CERTIFIER (Check only one) 1 CERTIFYINO PHYSI one) 2 MEDICAL EXAMINE	ICIAN: To the best of my kno	wiedga, death occurre ion and/or investigation	d at the time, date n, in my opinion, o	and place, and due leath occured at the	to the cause(s) and matter time, data and place, a	inner as stated.	ruse(a) and manner as s	tated.		
BE	296. SIGNATURE AND THE OF CERTIFIE	[HOO?	E HYSICIA	N]	29c, LICENSE NUM	IBER		GNED (Month, Day, Year) 1 + 5 9 2			
	30. NAME AND ADDRESS OF PERSON WHAT AVTAR S. BAS	S S IN	PEATH (ITEM 27) (Type,	Print)	NTY	HOSPIT	-11				

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IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be flied within 72 hours after death with the State Dept. of Health and Mental Hygies

Lawrence Pritt 2. Date of death March 30 1992 1. Decedent's name (First, Middle, Last) Lawrence Pritt 2. Date of death March 30 1992 1. Decedent's name (First, Middle, Last) 1. Decedent's name (First, Middle, Middle, Last) 1. Decedent's name (First, Middle, Middle, Last) 1. Decedent's name (First, Middle, M									
Secondary Golden Street and number Street and number Secondary Secondary Golden Street and number Secondary Golden Secondary Golde									
Garrett County Memorial Hospital RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STREET AND NUMBER 101. Highland Ave. 102. STREET AND NUMBER 103. STATE 104. STREET AND NUMBER 105. STREET AND NUMBER 106. STREET AND NUMBER 107. STREET AND NUMBER 108. STREET AND NUMBER 109. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 101. Highland Ave. 102. Was Decembert of Hispanic Origin's (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEMBERT FOR HISPANIC ORIGIN'S (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. Was pecify Cuben, Mexican, Puerto Ricen, etc.) 12. Was Decembert of Hispanic Originis Mexican, Puerto Ricen, etc.) 13. Was Decembert of Hispanic Originis And Mexican, Puerto Ricen, etc.) 14. Never Married 2 Married 15. DECEDENT'S EDUCATION (Give Piner) 15. DECEDENT'S EDUCATION (Give Piner) 16. DECEDENT'S USUAL OCCUPATION (Give Piner) 16. DECEDENT'S USUAL OCCUPATION (Give Piner) 16. DECEDENT'S USUAL OCCUPATION (Give Piner) 16. DECEDENT'S NAME (First, Middle, Mexican, Surpose) 16. NAME (First, Middle, Mexican									
10. STREET AND NUMBER 101. Highland Ave. 102. Was decedent ever in u.s. armee FDRCess? 1 (a) ves 2 (a) No If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. MARITAL STATUS 1 Never Married 2 Merried 3 Windowed 4 Olvorced 15. DECEDENT'S EDUCATION (Specify) (b) highest grade completed) 15. DECEDENT'S EDUCATION (Specify) (b) highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Specify) (b) highest grade completed) 17. FATHER'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 20. METHOD OF DISPOSITION (Removal from State) 19. INFORMANT'S NAME (First, Middle, Mailden 3 (Removal from State) 19. INFORMANT'S NAME (First, Middle, Mailden Surname) 19. NAILING ADDRESS (Street and Number or Fursi Route Number, City or Town, State, Zip Code) P. O. Box 81 Corinth, WV 26713 20. METHOD OF DISPOSITION (Removal from State) 21. SIGNATURE OF FUNERA FYICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Arthur H. Wright Funeral Home, Inc. 105 Highland Ave. Terra Alta, WV 26764									
Specify: White Spec									
Specify: White Spec									
19a. INFORMANT'S NAME (Type/Print) Cloria L. Hardesty 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. Box 81 Corinth, WV 26713 20c. METHOD OF DISPOSITION 1 Strate 2 Cremation 3 Removal from State of the place) Terra Alta Cemetery 20c. Location - City or Town, State of the place) Terra Alta Cemetery 21. SIGNATURE OF FUNERA PRICE LICENSEE Arthur H. Wright Funeral Home, Inc. 105 Highland Ave. Terra Alta, WV 26764									
19a. INFORMANT'S NAME (Type/Print) Cloria L. Hardesty 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. Box 81 Corinth, WV 26713 20c. METHOD OF DISPOSITION 1 Burial 2 Cremetton 3 Removal from State 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL #RVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Arthur H. Wright Funeral Home, Inc. 105 Highland Ave. Terra Alta, WV 26764									
Gloria L. Hardesty P. O. Box 81 Corinth, WV 26713 200. METHOD OF DISPOSITION 15 Burles 2 Cremettor 3 Removal from State other place) Terra Alta Cemetery 201. SIGNATURE OF FUNERA RVICE LICENSEE 21. SIGNATURE OF FUNERA RVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Arthur H. Wright Funeral Home, Inc. 105 Highland Ave. Terra Alta, WV 26764									
16 Burlei 2 Cremetion 3 Removal from State other place) Terra Alta Cemetery Terra Alta, W.Va. 21. SIGNATURE OF FUNERAL ERVICE LICENSEE Arthur H. Wright Funeral Home, Inc. 105 Highland Ave. Terra Alta, WV 26764									
22. NAME AND ADDRESS OF FACILITY Arthur H. Wright Funeral Home, Inc. 105 Highland Ave. Terra Alta, WV 26764									
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to for as a consequence or provided the mode of dying, such as cardiac or respiratory arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode of dying arrest, and the mode									
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events D. OP D OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Description of the initiated events of the initiated events resulting in death) LAST Description of the initiated events of the initiated events resulting in death) LAST Description of the initiated events of the initiated events resulting in death but not resulting in the underlying cause given in Part I. 24s, was an autopsy 24b, were autopsy.									
PERFORMED? 1 YES 2 NO PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Ripertent 2 ER/Outpatient 3 DOA 26. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. NURS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 ND RIPER: 1 Nursing Home 5 Residence 6 Other (Specify) 28. INJURY AT WORK?									
2 Accident investigation 2 Accident investigation 2 Ba DI ACC OS IN HIDY. At home form street feeton effice. 2 At home form street feeton effice.									
3 Succide 6 Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ea									
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D26568 296. LICENSE NUMBER 3-31-92									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Roger A. Lewis M.D. 510 West State AVe. Terra Alta, WV 26764

32. REGISTRAR'S SIGNATURE

+IVA copy

APR APR

-	REGISTRAR		C	KIII	ICALE	UF	DEA	п	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				,	PUS			2. DATE OF D	EATH DA	NY .	YEAR	3. TIME OF DEATH
	LINWOOD	WILSON				4 51			march	march 36 1992 1925 "			
	4. SOCIAL SECURITY NUMBER 214-12-5329	5. SEX 1 ★ M 2 ☐ F	8. AGE (In yrs. les. 79	t birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF B		a. BIRTHPLACE (State or Foreign Country) MARYLAND		ny)
NC	9a. FACILITY NAME (If not institution, give s PENINSULA REGIO		AL CENT	CENTER SALISBURY				9c. COUNTY OF DEATH WICOMICO					
5	RESIDENCE OF DECEDENT												
DIRECTOR	MD 10a, STATE 10b, COUNTY)	10c, CIT	SAL.		1175.9				10d. INSIDE CITY LIMITS? 1)\(\times\)YES 2 \(\times\) NO			
AL	10e. STREET AND NUMBER		101. ZIP CODE						10g. CITIZEN OF WHAT COU			WHAT COUNTRY?	
FUNERAL	1600 WINTHROP			2 1 8 0 1					U.S.A.			S.A.	
B≺	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	EVER IN U.S. AR YYES 2 N R OR DATES NAVY	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					or No-	Spec	E — American Indian, k, White, atc. //y: HITE			
ED	15. DECEDENT'S EDU	CATION	16a. DE	16a. DECEDENT'S USUAL OCCUPATION 16					16b. KIND	OF BUS	INESS/INC		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 7 Years	AMIN	of work done during most of working use retired.) NER					DEP	PT. OF MOTOR VEHICLES				
Š	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, M					AE (First, Middle	, Meiden	Sumsme)				
BE	UPSHUR (UNK)	PUSEY		GEORGIANNA					ANNA	(UNK) D	ENSO	N
10	19e, INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a			oute Number, Ci	ty or Town	n, State, Zip	Code)	
	GERALD L. PUSEY				BOX			RON,		1830			
	20a,METHOD OF DISPOSITION 1/13/Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	AND DATE OF DISPOSITION (Name of emistory or other each CHERY 3/31						PRINCESS ANNE, MD					
	21. SIGNATURE OF PURENAL SERVICE LIC	1/1/	/						RAL HO	ME			
	JASM- K	Allow	rec		5	01 5	NOW	HILL	RD S	ALIS	BURY	. MD	21801
	ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	OR AS A CONSEC	120	2000	tha mo		hhe	-	or reapi	ratory an	reat,	Approximate Interval Between Onset and Daath
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALISE Officers or Control of the Control o												
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) d.									9			
	PART II. Other aignificant condition	a contributing to d	eath but not n	resulting in the underlying cause given in Part I.					Part I. 24e.	rt I. 24a. WAS AN AUTOPSY 24b. WERE AI			WERE AUTOPSY FINDINGS
EDICAL	1661	ear C	elter	1 de	ea	R				PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
	- Bile	Cas	2,0	lan					_ ` _	,			OF DEATH?
PHYSICIAN: M	3) Chi	Ley	de										
S	25. WAS CASE/RE ERRED TO MEDICAL EXAMINER? Check only one) 128. PLACE OF DEATH (Check only one) 129. PLACE OF DEATH (Check only one) 129. PLACE OF DEATH (Check only one)												
HYS	1 YES 2 YNO	1 inpetient 2		□ DOA 28b. TIM		28c. INJ		_	8 Other (Spe 28d, DESCRIB	- 11	HIPW CO	NIDEO	
	1 Natural 5 Pending	(Month, Day			URY M	WO	AK7		200. DESCRIB	E HOW IP	AJURY OCI	COHED	
D BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At hor	me, farm, s	street, fact				28f. LOCATION	(Street e	nd Number	or Rural I	Route Number,
<u> </u>	4 Homicide determined		ia (apocity)						City or Tow	m, şiele)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE												a) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER												
BE	(Il	See					MO	MSE NUMI	000		290. DAT	SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WH			4 27) (Type,	Print)		PIU	Ud	020)/-	
	WJohn G	· One	004	n	10		Va	//	5 ley	n			
6	31. DATE FILED (Month, Day, Year) MAR 3 0 1992	32. REGISTRAD	SIGNATURE	in the same	L								
	MAN O V BOC	-											DMMM 16 Per 1700

MAR BURSE OF THE PARTY.

	-	OTEVEN MT	CHAEL PALI	MED				2. DATE OF DEATH MONTH	MY 1	3. TIME OF DEATH				
(in a	1.42	STEVEN MILL 4. SOCIAL SECURITY NUMBER		(In yrs. lest	hirthday) at the	ATT A VEAT	W 191009 01 1910		1992	2:30 A.1				
(P		220-04-5404 9a. FACILITY NAME (If not Institution, give	1) M 2 D F	25	YRS. MONTH		HOURS MIN.	MAY 25, 1	966	MARYLAND				
	CTOR	11021 ROESSNER			9b. CI		OR LOCATION OF D	DEATN		OF DEATH HINGTON				
20-8-	1111	10e. STATE 10b. COUNT	TY		10c. CITY, TOWN	OR LOCA	TION		10d, INSIDE CITY					
e:	DIR		HINGTON		HAG	ERST	OWN		1 YES 2 X NO					
The second	RAL	100. STREET AND NUMBER		10f. ZIP CODE				N OF WHAT COUNTRY?						
transi	NER	11021 ROESSNER					21740		.S.A.					
5-0020 nding physician. is the burial-transit	BY FUN	1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 (X) N	NED 1	If yes, sp	DENDENT OF NISPA Decify Cuben, Maxic 3 2 X NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:	RACE — American Indien, Bleck, White, etc. Specify:					
21 arte	0	15. DECEOENT'S EOU (Specify only highest grad	JCATION	16a. OEC	EDENT'S USUAL	OCCUPATION	ON	16b. KINO OF BU	SINESS/INDUS	WHITE				
21 Par 1	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	DISABLE	.)	ost of working							
det de	00	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, Middle, Malden	Surname)					
	BE	JACK WARREN	PALMER				REBE			LERS				
MA retain 5 sho	2	19a. INFORMANT'S NAME (Type/Print)						itural Route Number, City or Town, State, Zip Code)						
E Sp D		JACK W. PALMER	T _{oo}		1021 RU			HAGERSTOWN						
		1 X Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	metery, crem	AVEN CE	METE				or Town, State, , WASHINGTON, MD				
		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	101 11	-		ND AOORESS OF FA	CILITY	NO TOWN	, WASHINGTON, MU				
~ 2 2 3		ANDREW K. COFFMAN FUNERAL HOME, INC. 40 EAST ANTIETAM ST., HAGERSTOWN, MD. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, Approximate												
hin 24 hour tely filled in mation, or 1		shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):												
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by IAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be 72 hours after death with the State Dent. of Health and Mental Hyglene prior to burial, cremation, or removal. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
	MEDICAL CE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS 24b. WERE AUTOPSY FINDINGS 24b. WERE AUTOPSY FINDINGS 24c. WAS AN AUTOPSY FINDINGS 2												
V 0										1 TES 2 NO				
TAI The Little has the De mite	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF DEATH (Ch	eck only one)						
VIAN: rrlifica he Str	PHYSICIAN	t TYES 2 DNO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3	DOA 4 N		e 5 A Rasidenca	6 Other (Specify)						
	ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY M		URY AT RK? /ES 2 NO	26d. DESCRIBE HOW II	NJURY OCCUR	ED				
TENDI TOR: A after d	ETED	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At hom	e, farm, street, fa	ctory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
로로만드	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know	rledge, deat	h occurred at the	time, date	end place, end due	to the cause(s) and man	ner as stated.	ruse(a) and manner as stated.				
TO THE HOSPI TO THE FUNER De filed within	O BE	206. SIGNATURE AND TITLE OF CERTIFIES	word to				29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)				
	ř	30. NAME AND AGORESS OF PERSON WH	O COMPLETEO CAUSE OF DE			tna	Road.	Hagerstow	n Ma	217/10				
		24 DATE EN ED Mante Day Man					, ,	-3000	, 110					

32. REGISTRAR'S SIGNATURE This Dendem-Rudall

31. DATE FILED (Month, Day, Year)

	10
	hour
	in 24 h
60,	within
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	te be executed within
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BC	ficate
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OR	that
3EC	requires
7	MB
TA	The
>	CIAN:
OF	PHYSII
NO	L DR ATTENDING PHYSICIAN: The law requires that the death certificate
S	IT.
2	RA
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by the mispital or attending physician. The detailed for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be required by the attending physician and completely filled in by the funeral director, page 8 would be describe be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, IN after death. Page 6 may be

KRYLAND 21215-0020

STATE OF		/ DEPARTMENT			MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF H CERTIFICATE OF		NTAL HYGIENE REG. NO.	72 10300					
	1. DECEDENT'S NAME (First, Middle, Lest)				DATE OF DEATH	3. TIME OF DEATH					
	RALSTON	1	RUSSELL		MONTH 3AY	92 3:20 PM					
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	S. 7. DATE OF BIRTH 8. BIRTHPLACE (State						
1	214-05-2072	1⊠ M 2 □ F 79	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country)					
	9e. FACILITY NAME (If not institution, give st		Oh CITY TOWN	R LOCATION OF DEATH	an.29,1913						
OC.					96. 00	A.A. COUNTY					
5	NORTH ARUNDEL HO	DSPITAL ASSOCI	LATION GLEN	BURNIE		A.A. COUNTI					
ĕ	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAT	ION		10d. INSIDE CITY					
DIRECTOR	Maryland An	ne Arundel	Pasaden	a	LIMITS?						
A	10s. STREET AND NUMBER			ZIP CODE	10g. C	ITIZEN OF WHAT COUNTRY?					
FUNERAL	2252 Lake Drive 21122 U.S.										
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED 13. WAS DEC	A 100 May 100	RIGIN? (Specify Yes or No-						
	1 Never Married 2 Merried	FORCES? 1 X YES IF YES, GIVE WAR OR DATI	2 NO If yes, sp	2 DLNO Specify:		14. RACE — American Indian, Black, White, etc. Specify:					
ВУ	3 Widowed 4 Divorced	1941 - 19		a garno opecny.		White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 1	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during mo	ON .	16b. KIND OF BUSINESS/II	NOUSTRY					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use retired.)	st or working							
AP.	12		Military		Defens	e					
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Malden Surname,						
BE (Charles M. Rus	sell		Anna M.	Garlinger						
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street a								
F	Doris E. Russ	ell	2252 Lake D	rive. Pa	sadena. MD	21122					
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State										
	4 Donation 5 Other(Specify)	La	ery, cremetory or other place) Keview Cemet	erv 4/4	/92 Sykesy	ille, MD					
	21. SIGNATURE OF PUNETIAL SERVICE LIC	ENSIGN	22. NAME AN	D ADDRESS OF FACILIT	Υ						
	Melfuls.	Taylor			al Chapel	21401					
1.5	23. PART I. Unter the diseases, or c	omplications that caused t			er St. Ann						
	shock, or heart fellure. I	List only one ceuse on eac	h line.	da or dying, addir aa	cardiac or respiratory a	Approximate Interval Batween					
	IMMEDIATE CAUSE (Final disease or condition	Cordin	Vaseula	Callasse		Onset and Death					
	resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): /										
_	Approximation diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Bat Onset and Onset an										
Ó	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
¥	cause. Enter UNDERLYING										
E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PHONGS										
AL	PART II. Other algnificent conditions	ontributing to death but	not resulting in the underlying	cause given in Part	i. 24a. WAS AN AUTOPS! PERFORMED?	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
ă					1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?					
X						1 - YES 2 - NO					
ż											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL OTHER:	ACE OF DEATH (Check o	nly one)						
YSI	1 TYES 2 NO	1 Inpetient 2 I ER/Outpeti		5 🗆 Residence 8 🗆	Other (Specify)						
PH	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY WO	JRY AT 28d	. DEŞCRIBE HOW INJURY O	CCURED					
BY	1 Natural 5 Pending 2 Accident Investigation	1111762	M 1 🗆 1	ES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street, factory, office	281.	LOCATION (Street end Numb City or Town, Stete)	er or Rural Route Number,					
COMPLETED	4 Homicide determined				City or Town, State)						
P	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	ge, death occurred at the time, date	end place, end due to th	e cause(s) end manner eg st	Inted.					
8			nd/or investigation, in my opinion, d								
	296. SIGNATURE AND THE OF CERTIFICA	111	7 ,	29c. LICENSE NUMBER		ATE SIGNED (Month Day, Year)					
BE	244/6	167	m lun	01769	14.	3/3//02					
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)	- 101	7	-11170					
				GLEN BURN	NIE, MARYLAN	D 21061					
SANG K HAN, M.D./1600 CRAIN HIGHWAY, SW #406/GLEN BURNIE, MARYLAND 21061 31. DATE FILED (MODITA, DAY, 1964) APR 0 2 1992 Juha Davidson-Randelle.											
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNATI	URE								

4. . FATER 12.

MARYLAND 21215-0020

BALTIMOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner minimals.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

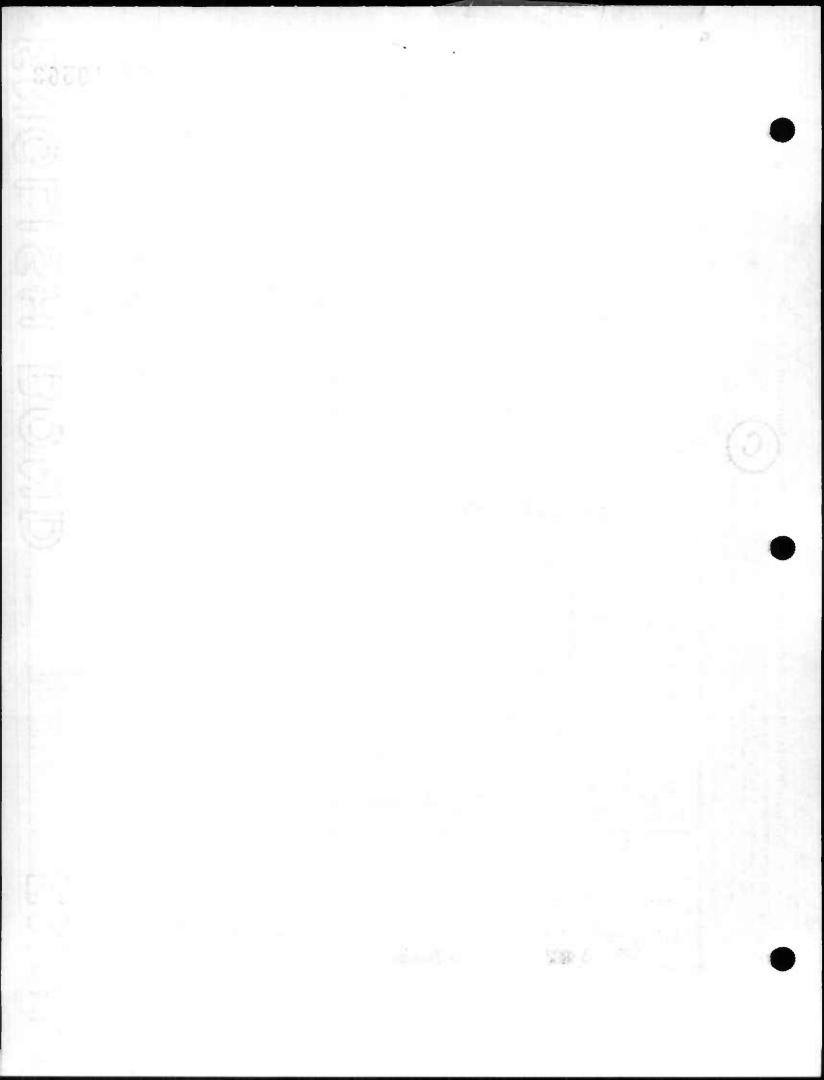
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMEN	T OF HE	ALTH AND	MENTAL HYGIEN	E 96	10561			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN			
	KENNETH	J.	RA	INES	Sr.	March 28	1992 YEAR	6:00 p m			
	4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (In yrs.	lest birthday) IF UND	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIFTT	NPLACE (State or Foreign			
	214-36-6733	M 2 🗆 F 💍 5	4 YRS. MONTHS	DAYS	HOURE MIN.	Nov 19,	Count	"yland			
	9a. FACILITY NAME (If not institution, give street an	nd number)	9b. CIT	Y, TOWN OF	LOCATION OF D		9c. COUNTY OF				
DIRECTOR	Memorial Hospital			Cumb	erland		Alle	gany			
R	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATIO	ON			10d. INSIDE CITY			
	Maryland Allega	ny	Cumb	erla	ьп			LIMITS?			
FUNERAL	10e. STREET AND NUMBER	10g. CITIZEN OF	TIZEN OF WHAT COUNTRY?								
E	Williams Road 21502 USA										
5		WAS DECEDENT EVER IN U.S. ORCES? 1 YES 2	ARMED 13	. WAS DECE	NOENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian,			
BY F	1 Never Merried 2 N Merried IF 3 Widowed 4 Divorced	YES, GIVE WAR OR DATES	_NO	If yea, spec	Spec	k, White, atc.					
	I V	iet Nam						white			
COMPLETED	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS (MINISTRY										
ا۳	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)										
Ž	neavy Equipment Operator										
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname)										
88	Russell Raines Helen Wachob										
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)										
	Kenneth J. Raines Jr. 230 B Pear St., Cumberland, MD 21502										
	20e. METNOD OF DISPOSITION 1.XO Burlal 2 Cremation 3 Removal for	20h PLAC	FAND DATE OF DISEO	CITION /Mon	n of	0.475 00-104	DATION OIL - T.				
	4 Donation 8 Other (Specify)	Roc	ky Gap	Vete	can Cei	3/31/92 metery F	lintsto	one, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1117	22	. NAME AND	ADDRESS OF FA	CILITY					
	> Douglas D	Haker		grer	Chape.	l of the	Hills N	Mortuary			
	23. PART I. Enter the diseases, or compil	icstione that ceused the	deeth. Do not ente	the mode	vation	al Highwa	y,LaVa	Le.MD21502			
	anock, or neert reliure. Liet of	nly one cause on eech li	ne.	· the mod	or dying, soc	in sai ceruisc or respi	atory arrest,	Approximate interval Batween			
- 1	IMMEDIATE CAUSE (Fine) disease or condition resulting to death										
ŀ	resulting in death) DUE TO (OR AS CONSEQUENCE OF):										
- 1	DUE TO (OH AS I CONSEQUENCE OF):										
Õ	Sequentially liet conditions, If any leading to immediate										
FA	csuse. Enter UNDERLYING										
프	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
	PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
AL	PART II. Other eignificent conditions cont	iributing to deeth but not	t recuiting in the U	nderlying	ceuse given in	Part I. 24s. WAS AN . PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDIC						1 YES 2		COMPLETION OF CAUSE OF DEATH?			
뿔								1 YES 2 NO			
ä											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (Ch	ock only one)					
S		SPITAL: npatient 2 - ER/Outpatient	3 DOA 4 Nu		5 🗆 Residence	8 Other (Specify)					
7		28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJUR		28d. DESCRIBE NOW IN	JURY OCCURED				
Β¥	1. Natural 5 Pending 2 Accident Investigation	(Manual Day, 10aly	M	1 YE	S 2 NO						
	3 Suicide 8 Could not be	28a. PLACE OF INJURY - At I building, stc. (Specify)	home, ferm, street, fed	tory, office		28f. LOCATION (Street a	nd Number or Rural F	loute Number,			
E	4 Nomicide determined	, , , , , , , , , , , , , , , , , , , ,				City or Town, State)					
COMPLETED	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: T	To the best of my knowledge;	death occurred at the	time data ar	and box socio by	to the eques(s) and man	not no obstant				
Š	one) 2 MEDICAL EXAMINER: On II	he besis of exemplification and/o	or investigation, in my	opinion, des	th occured at the	time, data and place, and	I due to the causele	and manner as stated			
	29b. SIGNAYURE AND TITLE OF CERTIFIER	1.11/									
H H	The second secon	11/0		12	D 367		29d. DATE SIGNED	(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COM	DI STED CALLER OF DEATH OF	THE OTHER PROPERTY.		וטכ ע	00	2/20	172			
	Dr. Vik Poonai, PO I			MA	21502						
				ria .	21502						
		2. REGISTRAR'S SIGNATURE									
	APR 01 1992 5	e exciden fond	200								

		mr. rages 1, 2, 3 should	
LAND 21215-0020	the hospital or attending physician.	accepted for use as the bund-trails! per	l once.
BALTIMORE MERYLAND 21215-0020	hours after death. Page 6 mm to din by the huneral direction	or removal.	medical examiner must be nemied a
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 me to the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending or hospital and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPURIANT: If tiem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be memical at once.
	0)	

	HEGISTHAN			CHILL	ICAI E	OF DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	F DEATH			3. TIME OF DE	EATH
	Elizabeth Rec	e.d					МОНТН	DA	MA.	YEAR	2.50	les m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.		BIRTH	}	A BIRTH	3:50	
	316 40 0110	1 🗆 M 2 👵 F	89	YAS.	MONTHS DA	TS HOURS MIN.	(Month, L	20/02)	Countr	nv)	
	216-40-0119 9e. FACILITY NAME (If not institution, give a	street end number)	09		Sh CITY TO	VN OR LOCATION OF		.0/02	2 Allegany			
œ							DEATH					
잍	Fale Nursing	Home			Lona	coning			Al	lega	any	
E	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LO	CATION		_	10d. INSIDE CITY				
RIG	MD Allegany Lonaconingn										LIMITS?	
ب	MD Alle	egany		Lonaconingn 101, ZIP CODE							1 XYES 2	
FUNERAL DIRECTOR	Sul M. Moin Ct.					10g. CITIZEN OF WH			VHAT COUNTRY	?		
R	50 W. Main St.		21539						SA			
5	1 Never Married 2 Merried	EVER IN U.S. AR	MED	13. WAS	DECENDENT OF HISP	HISPANIC ORIGIN? (Specify Yee or No.— 14. Mexicen, Puerto Rican, etc.)			14. RACE	- American Ir	ndlen,	
B	3 Wildowed 4 Diversed Proceed Proceed Proceed Proced Specify: Specify: Specify:									My:		
		<u> </u>								1	whit	.e
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY											
١٣	Elementary/Secondary (0-12)	Do NOT us	ee retired.)									
M	Crade 11		lak	ore	r(sil	k mill)	Fabric Manuf.					
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)											
BE (August Coleman Sue Miller											
10								City or Town	, State, Zi,	p Code)		
F	Ralph Reed 30 W. Hain St. Lonaconing, Md. 21539)	
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — Charge States											
	4 Doneston 5 Doneston 5 Doneston State Smithsburg Md. 21783											
	21. SIGNATURE OF PUNITABLE PRINCE LIGENSEE 22. NAME AND ADDRESS OF FACILITY The state of the s										id. Di	
	Melen		and	Mel	1111	Church S	t. Wes	ternn	ort	Md	21562	
ı	23. PART I. Enter the diseases, or o	omplications that	caused the de	eth. Do n	ot enter the	mode of dying, su	ch as cerdie	C Dr respir	atory ar	reet,	Approxi	meta
	Shock, or heert fellure. List only one ceuse on each line. iMMEDIATE CAUSE (Final Approximate interval Between Onset and Death											
ł	disease or condition										Onset a	nd Death
- 1	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):										4>	11.
_	DUE TO (OH AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OF)											
E	If any, leading to immediate cause. Enter UNDERLYING											
5	CAUSE (Disease or injury C.											
Ē	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST											
览 I	d											
7 1	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
EDICAL	Congetive	Head E	: kere .	12	5 docto	ali'e	7 611 1.	PERFORE		240.	AVAILABLE PRIO	R TO
		1,00	11/11/		J 7 ccpe	//	1	YES 2	NO		OF DEATH?	FCAUSE
Σ										- 1	1 TES 2	NO
Z												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA:				PLACE OF DEATH (C	heck only one)					
S	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	ome 5 - Residence	6 COther (S	pecify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF II	NJURY	28b. TIME	OF 28c.	INJURY AT	28d. DESCR		JURY OC	CURED		
7	1 Netural 5 Pending	(Month, Day	(1 80 7)	INJ	JRY	WORK? YES 2 NO				11000		- 1
BY	2 Culate	28e. PLACE OF	INJURY — At hor	ne, farm =			281 100471	DM /Ph	and Alexander	as Pro-10	n. da M. A	
COMPLETED	4 Homicide 6 Could not be	building, e	tc. (Specify)				28t, LOCATION OF T	own, State)	ru Number	or Hural Ri	oure Number,	ŀ
<u>u</u>	29a CERTIFIED											
절	29e. CERTIFIER (Check only	CIAN: To the best of n	y knowledge, des	th occurre	d at the time, d	ete end place, end du	e to the cause(s) end menn	ner es atat	led.		
8	one) 2 MEDICAL EXAMINE	R: On the bests of exe	mination end/or in	rvestigation	n, in my opinio	, death occured at th	e time, date en	d place, end	due to th	e cause(s)	end manner es	stated.
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU						
BE	(lhound	10	0 1	-0		DZ1		- 1			(Month, Day, Yea	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (8000	Print)	Ve1	TO 8		1	Marc	h 28,	199
				- 21) (1)/p0,	, canj							
-	74 Main Street 31. DATE FILED (Month, Day, Year)	Lonac		MD	21539							
	APR 0 3 1992	22 REGISTRAR	'S SIGNATURE									
- 1	MER U D IJJL 7	to deal and Later Date	11									- 1

	FOR STATE REGISTRAF	4	STATE OF MARYLAN	D / DEPARTMENT OF HI CERTIFICATE OF		HYGIE REG. N	
1.	DECEDENT'S NA	AME (First, Middle, La)		2. DATE O		DAY
	Joyce	Maxine	Rafferty		04		OAY O 1

	REGISTRAR		CERTIFI	OAIL OI	DEALL	H	EG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3. TIME OF GEATH				
- 1	Joyce Maxine Raf	ferty				MONTH 04	O1	92	0143 A				
-			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF B			LACE (State or Foreign				
		□ M 2 💢 F	56 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 1.1936 Maryland							
		ACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION O							ATH				
BI FUNERAL DIRECTOR	Lions Manor Nurs	ing Home		Cumber	land	Allegany							
3	10e. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?				
3	Maryland Allega	any	Fro	stburg			1		YES 2 NO				
3	10e. STREET AND NUMBER			101	ZIP CODE		10g. C	ITIZEN OF WH	IAT COUNTRY?				
	Route 2: Kemp Dr	ive; Box	279		2153	2	U	SA					
5	11. MARITAL STATUS 12.	WAS DECEOENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN? (S	pecify Yea or No-	14. RACE	- American Indian, White, etc.				
	I - Hasat mattied 5 - Vinattied	FORCES? 1 YES		1 TYES	2 NO Spec	en, Puerto Ricar ://v:	i, atc.)	Specify					
- 10	3 Widowed 4 Divorced				45				Vhite				
ן ה	15. OECEDENT'S EDUCATIO		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIN	D OF BUSINESS/I	NDUSTRY					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) 12 15. DECEDENT'S USUAL OCCUPATION (She kind of twork done during most of working life. Do NOT use retired.) HOME maker 15. DECEDENT'S USUAL OCCUPATION (She kind of twork done during most of working life. Do NOT use retired.) HOME maker 15. NAME (First, Middle, Last) 16. KIND OF BUSINESS/INDUSTRY OWN HOME 18. MOTHER'S NAME (First, Middle, Maiden Surname)													
Ē			ПОШЕ	emaker	Record of the second								
# Frank Bittinger Velma Wilt													
											19e. INFORMANT'S NAME (Type/Print)		19b, MAILING
2	Robert M. Raffer	t v	R+ 2	Roy	279 · K	omn Dr	ive. F	rosth	oura, MD				
ı													
	1 Burtat 2 Cremation 3 Removal	20e. METHOD OF DISPOSITION 20b. PLACE ANO OATE OF DISPOSITION (Name of cametary, crematory or other place) 20c. LOCATION — City or Town, State											
- 1	4 Donation 8 Other (Specify) Grantsville Cemetery 4/4 Grantsville MD 21. SIGNATURE OF FUNDHAL SETVICE LICENSES												
	21. SIGNATURE OF FUNERAL BEHVICE LICENSI	7			an Funer		C D A						
	· Al Day D	Journay					•	7 - M	01506				
-	23. PART I. Enter the diseases, or com						rantsvil		21536 Approximata				
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ONE TO (OR AS A CONSEQUENCE OF):												
		Charles	O T	fram h	el.				ĺ				
5	Sequentially list conditions, b		A CONSEQUENCE OF		1 7 9				+				
	If any, leading to immediate	OUE TO (OIL AS	A CONSCOUENCE OF	,.					i				
CERTIFICATION	CAUSE (Disease or Injury								-				
	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):									
-	resulting in death) LAST												
	DATE II ON A CONTROL OF THE CONTROL								1				
DICAL P	PART II. Other aignificant conditions co	1				ri Part I. 24	PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
₹	Suadnplin o	true to 80	volle.	rente 1	L.	10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?				
	Dialite mil	Olita.	Cap	\supset ·					1 - YES 2 - NO				
	000810000	Level 10 mg	Vat.	1 a. K.	France								
	as was seen as the	Tools	, John	20 0	U	Check ank and	-						
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
CIAN	EXAMINER?	EXAMINER? HOSPITAL: 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
TSICIAN	EXAMINER? 1 YES 2 NO 1			28s. DATE OF INJURY (Month, Day, Ven) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OF WORK?									
PHTSICIAN: ME	EXAMINER? 1 YES 2 NO 1 C	28a. DATE OF INJURY	28b. TIM	JURY W	DRK?	28d. DESCRI	BE NOW INJUNT	OCCURED					
	EXAMINER? 1 YES 2 NO 1	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	M 1	YES 2 NO								
5	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY	28b. TIM INJ	M 1	YES 2 NO	281. LOCATIO	ON (Street and Num		oute Number,				
5	EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Netural 8 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJUR	28b. TIM INJ	M 1	YES 2 NO	281. LOCATIO	ON (Street and Num		oute Number,				
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BALTIN	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	withir
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1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First, Middle, Las)		5	1 .			ATE OF DEATH		YEAR 3.	TIME OF DEATH	
		Ogress	Н.			binso	n		arch 2-	199	2	1003 M	
		4. SOCIAL SECURITY NUMBER 218-05-5043	5. SEX	6. AGE (In yrs. less	birthday)	MONTHS DAYS		HRS. 7. DA	TE OF BIRTH	10	Gountry)	ACE (State or Foreign	
Should		90. PROPERITANS (I DAINSTREE CON	1	AT OFFICE		9b. CITY. TOW	MAL TOSTEUN		25-15			rland	
2, 3 Sh	6	PENINSULA REGI	JNAL MEDIC	AL CENT	LK	5	ALISBU	CY		MIC	OMICC	ŗ	
₹	DIRECTOR	10a. STATE 10b. COUN	тү		10c, CIT	Y, TOWN OR LO	CATION				10-	d. INSIDE CITY	
permit. Pages	9	Maryland Wico	mico		Fru	itlan	d				1 (YES 2 NO	
	FUNERAL	100 STREET AND NUMBER 102 Monroe St	Box 3	56			101. ZIP CODE					T COUNTRY?	
020 physician. burial-transit	I NE	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS D	21846		IGIN? (Specify Yes		S.A	American Indian,	
9 3	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NAR OR DATES	0	If yes,	specify Cuban, I ES 2 NO	daxican, Pue	Specify:				
	9	15. DECEDENT'S ED (Specify only highest gre		(Gi	ve kind of v	USUAL OCCUPA	TION most of working		16b, KIND OF BUS	SINESS/INDU		MAUK	
10	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) Iffn.	abor	ne retired.)			None	9			
ECI	CON	17. FATHER'S NAME (First, Middle, Last)					- A - 34 H / S		st, Middle, Maiden				
	BE	Hooper R. Jone 19a. INFORMANT'S NAME (Type/Print)	s Sr.	Lan	MAHINO	ACCRECO (Com			Robins				
E, MA	5	Rosalie Robin			19b. MAILING ACCRESS (Street and Number or Rural Route No. 102 Monroe St. Box 3					Number City or Town, State, Zip Code) 356 Fruitland, Md. 21846			
C E V W		20a METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	ostion/Name of oate 20c. Location — City or Town, State 3-3/72 Fruitland, Md.										
ALTIMOR death. Page 6 ma huneral director; i.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 821 West Rd.											
4 8 - X		* Gladys !	3, Ste	vart	-	Clin	ton F	Stev	vart-s				
24 hours after filled in by the on, or removal he medical		23. PART I. Enter the diseases, or ahock, or heart failure	complications that	caused the de	ath. Do n	not enter tha r	mode of dying	, such aa d	cardiac or reapi	ratory arre	at,	Approximate interval Between	
		IMMEDIATE CAUSE (Final disease or condition resulting in death)											
cecuted within 24 and completely fille to burial, cremation, matic event, the		disease or condition resulting in death) a. Coronary artery fluoritors DUE TO (OR AS A CONSEQUENCE OF):											
executed with and complet to burial, crerements matter event	NO	Sequentially list conditions, b. ASCVD.											
S or land	CATI	If any, leading to immediate cause. Enter UNDERLYING											
D.O. BC noting physic Hygiene pri or other tr	CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST											
D = 5 - 0	CER	d											
	EDICAL	PART II. Other algnificant condition	one contributing to	deeth but not n	eeulting i	In the underly	ing ceuse give	en in Part i	. 24a. WAS AN PERFOR		AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO	
ECOR puires that signed by Health an	EDI	1 YES 2 NO OF										MPLETION OF CAUSE DEATH?	
Iaw requass been 23 sho	 5										1	YES 2 NO	
OF VITAL RECOR PHYSICIAN: The law requires that this certificate has been signed by with the State Dent. of Health an riked, or item 23 shows any	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	<i>p</i>		OTHER:	PLACE OF OEAT						
OF V PHYSICIAN his certific with the S ked, or i	PHYS	1 TYES NO 27. MANNER OF GEATH	28a. DATE OF		28b. TIM	E OF 28c, I	ome 5 Resid	-	Other (Specify) OESCRIBE HOW I	NJURY OCCU	REO		
ON OF DING PHYS After this death with s marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Your)	INJ		WORK? YES 2 N	0					
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building, o	FINJURY — At hor Mc. (Specify)	ne, farm, s	street, factory, of	ffice	281, 1	OCATION (Street a City or Town, State)	and Number o	r Rural Route	Number,	
DIVI OR AT DIRECT Hours a	LET	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge, de	ith occum	ed at the time d	ete and place, an	d due to the	causata) and mar				
	COMPL		IER: On the beala of ax									d manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	ш	29b. SIGNATURE AND TITLE OF CERTIFI	ER				29c. LICENS	E NUMBER		29d. DATE	SIGNED (Me	onth, Day, Year)	
5 5 5 W	10 B	30. NAME AND ADDRESS OF PERSON W	infor 1	1.0	4.07. 7	0.4-4	00	2910	8	▶ 3	127	191	
			my ford	St S	inte	D.	Salis	bur	5, mg	, , , , , , , , , , , , , , , , , , ,			
	5	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE		/		/					
		APR 0 1 1992	gulia Devido	on-Spride								DUMBIL OF B	
												DHMH-16 Rev 1/89	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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short he detached for use as the burist-transit permit. Pages		Nation of once.
as been signed by the attending physician and completely filled in by the funeral director, pages 5, 2, and the testing the man are the burnet transit permit. Pages 1, 2,	bept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be

marked.

28 Is

Hem

31. DATE FILED (Month, Day, Year)
APR — 6

32. REGISTRAT'S SIGNATURE

Julia Davidson-Randell

HOSPITAL FUNERAL I within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 7.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Laura Virginia Riley 3. TIME OF DEATH 2, Doe 92 Laura 02 30 A M 04 8. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS HOURS 1 - M 3/3/F 220-30-1427 YRS. 03 06 1904 Maryland 96. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR ambrida Mallard Bay Nursing Home Dorchester RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD. Dorchester Cambridge TY YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 520 Glenburn Ave. 21613 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rice 1 Never Married 2 Married 1 TES 2 NO Specify: Specify:white BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) 11 3 Nursing Supervisor Johns Hopkins Hospital 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Laura Bolton Dr. Charles H. Riley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21797 Sidney Willson 3682 Jennings Chapel Rd. Woodbine MD. 20e. METHOD OF DISPOSITION

XXBuriel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Loudon Park Cemetery Baltimore MD. 4 Donation 8 Other (Specify) 21, SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cambridge Md. 21613 I event of 11 som 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO 1 ☐ YES 2 ☐ NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27, MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural
2 Accident 8 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🔲 Suicide 8 Could not be determined COMPLETED 4 | Homicide 29e. CERTIFIER 1 🗀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 214349 04-02-92 mD Caullay 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Tanman

YEAR

1992

3. TIME OF OEATN

1402

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

21215-0020

9

BALTIMORE,

1 - FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

George

Glenn

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) a. BIRTNPLACE (State or Foreign Country) 348-09-4255 DAYS HOURS 1 2 18 2 D F Illinois 08-13-1920 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number)
PENINSULA REGIONAL MEDICAL CENTER 9b. CITY. TOWN OR LOCATION OF CEATN 9c. COUNTY OF DEATN SALISBURY WICOMICO DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Somerset Princess Anne 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? or attending physician, or use as the burial-transit 32715 West Post Office Road 21853 U.S 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cut-lin, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Korea COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind at work done during most at working life. Do NOT use retired.) 15. OECEOENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY B Elementary/Secondary (0-12) College (1-4 or 5+) 12 U.S.M.C. Retired Armed Forces 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Edward F. Rathkamp Rose Bower BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dora Katherine Rathkamp West Post Office Pr. Rd. . Anne. hours after death. Page 6 may be page 2 20s. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must funeral director, ry, crematory or other place)

Veterans Cemetery 4/6 4 Donation 5 Other (Specify) Hurlock. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home Princess Anne, Md. M00295 completely filled in by the rial, cremation, or removal. 21853 23. PART . Enter the diseases, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final disease or condition Onset and Death rice OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within event, resulting in death) DUE TO (OF AS A CONSEQUENCE OF): prior to burial, traumatic CERTIFICATION and Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents OUE TO (OR AS A CONSEQUENCE OF): the attending physician f Mental Hygiene prior to or other OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? MAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO has been a PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL h the State C. 28. PLACE OF OEATN (Check only one) HOSPITAL: OTHER:
4 | Nursing Name 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 | Inputient 2 | ER/Outputient 3 | DOA 27. MANNER OF DEATN 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCUREO marked, with o 1 Netural 5 Pending DIRECTOR; After the hours after death with them 28 is mark BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29h, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Mapth, Day, Year)

4/2/91 8 Toh 25209 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day. 32. FEGISTRAPIS SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

Rathkamp

2. DATE OF DEATH

April 2

The facility of the same of th 14 A 185 850 as a market of the sale

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) Vergie REXRODE	Virgie NMN	REXRODE		2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH				
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le	MONTH	ER 1 YEAR IF UNDER 24 HRS.	March 31 7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign				
)	210 30 0700	1 □ M 2 □ X F 84	YRS.	TOOKS MIN.	Aug. 12,	1907 Wes	ť Virginia				
1/4	9a. FACILITY NAME (If not institution, give stree	et and number)	9b. Cf	TY, TOWN OR LOCATION OF D	PEATH	9c. COUNTY OF	DEATH				
010	Avalon Home Inc.		Ha Ha	gerstown		Washir	gton				
DIRECTOR		shington	Hager	or location stown	-		10d. INSIDE CITY LIMITS? 1X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
NEF	1025 Georgia Aver	nue		21740		U.S.A.					
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED 13	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) Specify:							
	15. DECEDENT'S EDUCAT	TION See D	ECEDENT'S USUAL	000110171011	[[]		White				
COMPLETED	(Specify only highest grade co		Give kind of work done ie. Do NOT use retired.	e during most of working	168. KIND OF BU	SINESS/INDUSTRY					
ON	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Malden	Surname)					
BE (Lamb		Mary	7						
2	19e. INFORMANT'S NAME (Type/Print)	15	96. MAILING ADDRE	SS (Street and Number of Rural	Route Number, City or Tow	n, State, Zip Code)					
Beulah Boore 1025 Georgia Ave. Hagerstown, Maryland											
	20a. METHOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify)	ni from State cametery co	ematon, or other place	ch Cemetery 4		CATION — City or T					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	LCK CHUIC	. NAME AND ADDRESS OF FA	CILITY Manna	tonsvill	e, w. va.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one cause on each line.										
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) a. Continue Arrest Due to (or as a consequence of): Continue Arrest Due to (or as a consequence of):										
		DUE TO (OR AS A CONSE	OUENCE OF):	(
ON	Sequentially list conditions, b	Mark my	ocongi	of Tortore	tion						
ATI	If any, leading to immediate cause. Enter UNDERLYING	Aug 20 1 n Cal	GUENCE OF):	1. Dealle	00.	· · ·					
FIC	CAUSE (Disease or Injury that Initiated events	4. 34.(9.3 C)		C16 1-1		الله والم					
CERTIFICATION	resulting in deeth) LAST	DUE TO (OR AS A CONSE	aroris	arenera	ay a.						
2	PART II. Other algnificent conditions of	contributing to death but not	Pagulting in the s								
S	Banile Den	whier Dezt	ei -u-	1 1 Course given in	Part I. 24s. WAS AN PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE				
E				- 10	1 🗆 YES 2	NO	OF DEATH?				
Σ.					_		1 TES 2 NO				
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (Ch	neck only one)						
Sic		OSPITAL: Inputient 2 ER/Outpatient 3	DOA 4 NL								
É	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW II	NJURY OCCUREO					
BY	1 Netural 5 Pending Investigation	, , , , , , , , , , , , , , , , , , , ,	M	1 YES 2 NO							
- 1	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, etreet, fe	ctory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,				
COMPLETED	29a. CERTIFIER	N. 7- 0- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-			L						
MP		in: To the best of my knowledge, de									
	290. SIGNATURE AND TITLE OF CERTIFIER	on the basis of examination and/or									
BE	The control of the co	a a	11	29c. LICENSE NUI		29d. DATE SIGNED					
2	38. NAME AND ADDRESS OF PERSON WHO C		7(1)	D 04	202	1176	vi(1992				

32. REGISTRAR'S SIGNATUR

APR 02 1992

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MAR 1

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR	RTMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.	92	10569		
	1. DECEDENT'S NAME (First, Middle, Last)	MARGARET STO	OPS ROB	INSON		MONTH	OF DEATH	YEAR	3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 219-56-8200	5. SEXTEMA 6. AGE (In)	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE C		A DIDTUD	12:15 A M LACE (State or Foreign MD		
NO.	9a. FACILITY NAME (If not institution, give a At Home # 104 B	yford Drive		% Chester	COWN		ATH				
DIREC	100. STATE 10b. COUNT Maryland Ke			ry, TOWN OR LOCA				IOd. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 104 Byford Drive	e	1.	10	10g. CIT	XX YES 2 NO					
BY	11. MARITAL STATUS Married 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, s	CENDENT OF HISP/ ecity Cuben, Mexic 2 X NO Spec	en, Puerto Ri	14. RACE - Black, Specify:	- American Indian, White, etc.			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Instructor Board of E 18. MOTHER'S NAME (First, Middle, Last)											
NO.	17. FATHER'S NAME (First, Middle, Last)		Instr	uctor	18. MOTHER'S N		oard of	Educ	ation		
BE C	Norman Stoops			uber							
TO E	19s. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street			r, City or Town, State, Zip	Code)			
	Thomas H. Rob			e as a							
	1 Dogston 5 Other (Specify)	200.PL	ACE AND DATE	OF DISPOSITION (N.	ame of	DATE	20c. LOCATION —				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 413 High St. Fellows - Wells Chestertown, Md.										
	23. PART . Enter the diseases, or compilections that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. ASPIRATION PNEUMONIA										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	DINSEQUENCE OF	UMOR							
	resulting in deeth) LAST										
PHYSICIAN: MEDICAL	PART II. Other algorificant condition DIABETES I	NSI PI DUS	not rasulting i	in the underlyin	g cause given in		24. WAS AN AUTOPSY PERFORMED?	Al Ci	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	ACE OF DEATH (C)	heck only one)					
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Oulpatie	nt 3 🗆 DOA	OTHER:	e 5 Residence		Specify)				
PH	27. MANNER OF DEATH	26s. OATE OF INJURY (Month, Day, Year)	26b. TIMI		URY AT RK?	28d. DESC	RIBE HOW INJURY OCC	URED			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	ES 2 NO						
									te Number,		
3 Suicide 4 Homicide 5 Could not be determined 29s. PLACE OF INJURY — All home, farm, street, factory, office 4 Homicide City or Town, State) 29s. PLACE OF INJURY — All home, farm, street, factory, office 29s. CERTIFIER (Check only office) 29s. PLACE OF INJURY — All home, farm, street, factory, office 29s. PLACE OF INJURY — All home, farm,									nd manner as atated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	rle MI			D415				onth, Day, Year)		
9 30. NAME AND AODRESS OF PERSON WING COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Helen A. Noble. M.D. Medical Bldg. Chestertown. MD 21620 31 MARTINO (Morty Pry. Your) 32. REGISTRAR'S SIGNATURE Julia Davidson—Pandele											

Action to the second

9	2		0	5	7	0

	REGISTRAR		1 17	CE	RTIFIC	CATE O	F DEATH		REG. NO).		
	1. DECEDENT'S NAME (Fig.	st, Middle, Last)						2. DAT	E OF DEATH	MY	YEAR	3. TIME OF DEATH
	Elmer S 4. SOCIAL SECURITY NUM	Sapp:	ington Si	r				0.3	3-30-9			
	218-14-35	596	1 ☑ M 2 ☐ F	85		IF UNDER t YEAR MONTHS DAYS		7. DATE 0 3 -	OF BIRTH	7 Ma	Country ary	land
TOR	98. FACILITY NAME (# not Meridian RESIDENCE OF DE	Nurs		er			rna Par			9c. COUNT		rundel
DIRECTOR	100. STATE MD		Arundel	L	Sev	TOWN OR LOC erna	Park					tod. INSIDE CITY LIMITS?
FUNERAL	612 Holls		ge Road				21146		•	10g. CITIZE	N OF W	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Div		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2X N		If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES XIX NO Speci	an, Puerto	n, Puerto Rican, atc.)			- American Indier White, etc. White
LETED	15. DE (Specify or Elementary/Secondary (CEDENT'S EDU ly highest grade 0-12)	College (1-4 or 5 +)	16a. DE((Gh life.	Sa. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY				
COMPL	17. FATHER'S NAME (First, A Aldwin Sa	Aiddle, Last)	yton.	Ow	ner		18. MOTHER'S N					
TO BE	19a. INFORMANT'S NAME (June C. S	Type/Print)		196.7	MAILING A	DDRESS (Street	Arah	ber City or Tow	n, State, Zip Co	ode)		
	20a. METHOD OF DISPOSIT 1 X Burial 2 Cremati 4 Donation 5 Othe	TION on 3 🗆 Rem		20b.PLACEA	NO DATE OF	DISPOSITION (I	Crownsville, MD OATE 29C. LOCATION — City or Town, State					
	ome, I	P.A	e, MD ·									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								3 w			
MEDICAL	PART II. Other signification	10/7	d. contributing to de	eth but not re	sulting in	the underlyin	Part i.	Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			VERE AUTOPSY FIN WAILABLE PRIOR TO COMPLETION OF CADE DEATH?	
YSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	R/Outpetlent 3		THEA:	PLACE OF DEATH (Ch					
ВУ РНУ		Pending Investigation	28s. DATE OF INJ (Month, Day, 1		28b. TIME O	OF 28c. IN	JURY AT ORK? YES 2 NO		CRIBE HOW IF	NJURY OCCUR	RED	
ETED		Could not be detarmined	28s. PLACE OF IN building, atc.	JURY — At hom (Specify)	e, farm, stre	et, factory, offi	ca	28f. LOC City	ATION (Street a or Town, State)	and Number or i	Rural Ro	ite Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERT	TEYING PHYSI	CIAN: To the best of my	knowledge, deat	th occurred a	at the time, det	e and place, and due death occured at the	to the cau	and place, and	ner as stated.	euse(s)	and menner as sta
O BE C	296. SIGNAPURE AND TITLE	OF CERTIFIEF					29c. LICENSE NUI					fonth, Day, Year)
	SURY A	MU	COMPLETED CAUSE OF	OF OEATN (ITEM	27) (Type, Pri	CNAIN	nwy.	#20	8 61	Leval	m	VIE
	APR 0 2 199		ia Davidson N							M	1) S	106)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

RYLAND 21215-0020

RYLAND 21203-3146

BALTIMORE, MA

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAI CERTIF				MENTAL HYGIE		22 103			
	1. DECEDENT'S NAME (First, Middle, Le	nst)					2. DATE OF DEATH	DAY)	3. TIME OF DEATH			
		trude Smi	th				4/2/92		11:00p.m.			
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthday)	IF UNDER 1	DAYS HOU	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)			
	219-20-4335	1 M 2 K F	65 YAS.				7/2/26		Maryland			
~	9e. FACILITY NAME (If not institution, g				TOWN OR LO		EATH		Y OF DEATH			
DIRECTOR	44 Taney Apts	•		Fre	ederic	k		Fre	derick			
EC	10a. STATE 10b. COL		10c. CI	TY, TOWN OF	R LOCATION	-			10d. INSIDE CITY			
	Maryland F	rederick		Fred	derick				1 X YES 2 NO			
A	10a. STREET AND NUMBER				10f, ZIP	CODE		10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	44 Taney Rpts					21701			U.S.A.			
FU	11. MARITAL STATUS 1 Never Merried 2 X Merried	FORCES? 1	EVER IN U.S. ARMED	11	yes, specify (Cuben, Mexica	NIC ORIGIN? (Specify) an, Puerto Rican, atc.)	res or No- 14	I. RACE — American Indian, Black, White, etc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WI	AR OR DATES	1	YES 2	NO Specif	<i>y</i> :		Specify: White			
03	15, DECEDENT'S	EDUCATION	16a. DECEDENT'S	B USUAL OC	CUPATION		16b. KIND OF E	USINESS/INDUS				
ET.	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of	work done do use retired.)	uring most of v	vorking						
AP	7		labor	er			rı	ibber f	actory			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maid					
BE	Horatio Danie	1 Leese					G. Alice					
2	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or T		ode)			
	Amos W. Smith		20b. PLACE OF DISPO				derick, MI		21701 ATION City or Town, Slate			
	1 X Buriel 2 Cremellon 3 1											
	Resthaven Memorial Gardens nr. Fred erick, MD											
	1/11 .	001/2	21					Artzler	& Sons			
_	(athanie	V. 7/at/2	le l		Libert	_						
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	disesse or condition											
	resulting in death)	S. DUE TO	OR AS A CONSEQUENCE	DFI:	0 - 70	5 Sen-	60-10)					
-			01-						6 00			
01	Sequentially list conditions, If any, leading to immediate	DUE 10 (OR AS A CONSEQUENCE	OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	c			_							
TIF	that initiated events reaulting in death) LAST	DUE 10 (OR AS A CONSEQUENCE (OF):								
ER	totalistig in county and	d										
SAL	PART II. Other algnificant condi	tions contributing to	death but not resulting	In the und	derlying cau	ise given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
	read	fore	1000				10	2 NO	COMPLETION OF CAUSE OF DEATH?			
MEC								>	1 TES 2 NO			
ż												
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	-	OTHER		OF DEATH (C	heck only one)					
YSI	1 TYES 2 NO	1 🗆 Inpatient 2 🗆	ER/Outpatient 3 DOA	4 🗆 Nurs	Ing Home 5	<u> </u>	8 Other (Specify)					
H	27. MANNER OF DEATH (1 \(\bigcap \) Netural 5 \(\bigcap \) Pending	28e. DATE OF (Month, Da		ME OF	28c. INJURY WORK?		28d. DESCRIBE HO	W INJURY OCCU	RED			
BY	2 Accident Investigat		F INJURY — Al home, farm,		1 TYES	2 NO	204 1 00177011 (7)	at and Marchan	Don't Book Months			
ED	3 Suicide 8 Could not 4 Homicide determine	be building,	etc. (Specify)	, street, lacto	эгу, отнее		City or Town, Sta	et and Number of	r Rural Route Number,			
COMPLETED	29a, CERTIFIER											
MP	(Check only		my knowledge, death occur				i. ceuse(s) and menner se stated.					
00			annuation end/or investigat	ion, in my of								
#	29b. SIGNATURE AND TITLE OF CERT	1				LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	E OF DEATH STEM OF CO	a Dylant)		PIY	676		43192			
	P.G. Rausch		601 W. 7th S		Frada	riole	MD					
	31. DATE FILED (Month, Day, Year)	32. BEGISTRA	RIS SIGNATURE		Frede	LICK,	TID	_				
	APR 6'92	Julia D	evident- Hardell	2								

		1. DECEDENT'S NAME (First, Middle, Last	•							2. DATE OF DEATH	DAY		3. TIME OF DEATH	
	-1	Elizabeth Cl	nrest Se	ymo	ur					(1//		1992	9:11 0 N	
		4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE	(In yrs. lesi	t birthdwy)	IF UNDER 1 Y	-	IF UNDER 24 HRS.	7. DATE OF BIRTH		0. BIRT	HPLACE (State or Foreign	
		212-10-0033	1 ☐ M 2 🗆 🖙		81	YRS.	MONTHS	AYS	HOURS MIN.	(Month, Day, Year) 02-13-	11	Ma	ryland	
		9a. FACILITY NAME (If not institution, give	street and number)				9b. CITY, TO	WN C	OR LOCATION OF D		-	UNTY OF D		
DIRECTOR		Carroll County	y Genera	1 H	osp:	ita1	W	2 S	tminste	r		Carr	011	
Į,	١	10a. STATE 10b. COUN	TY			10c. CIT	Y, TOWN OR	OCAT	TION		10d. INSIDE CITY			
2	5	Maryland (Carroll			W	lestm	in	ster				LIMITS?	
4	2	10e. STREET AND NUMBER						101	. ZIP CDOE		10g, Cr	TIZEN OF	WHAT COUNTRY?	
E C		1116 Lynnhaver	n Drive						21157				d States	
FUNERAL		11. MARITAL STATUS	12. WAS DECEDEN	T EVER II	U.S. ARI	MED	13. WA	DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye				
S ×	- 11	1 Never Married 2 Married 3. Wildowed 4 Divorced	FORCES? 1			0	If yo	a, sp	ecify Cuben, Mexica 2- NO Specifi	in, Puerto Rican, etc.)		Blec	E — American Indian, k, White, atc.	
		2'97'\Avigomed 4 □ Divolced	<u> </u>						A	,			ite	
E		15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)		16a, DE0	CEDENT'S	USUAL OCCL	PATIC	ON at of working	16b. KIND OF BU	SINESS/IN	DUSTRY		
Ē		Elementary/Secondary (0-12)	College (1-4 or 5	+)	He.	Do NOT us	e retired.)							
COMPL		12			(Offi	ce W	orl	ker	Tel	epho	one	Company	
		17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) TRONG Cunt hor												
ed at		Jesse F. Chrest Irene Gunther												
TO TO		198. INFOVIMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	1	James C. Seymour 963 Peachtree St, Prattville, Alabama 360												
THE STATE OF		20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of												
		St. John (Leisters) Cemetery4/7 Westminster, Maryland												
eraminer	į.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home												
2		Guerra	alest	171	Luo	4 0								
medica	٦	23. PART I. Enter the diseases, or	complications that	Ceused	the dea	ith. Do n	ot enter the	W.	1111S S	treet, W	estn	nins		
		strock, of fleat failure.	List only one cau	150 AP 01	sch line.						natory ar	reat,	Approximate interval Between	
5	I	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Onset and Deeth Onset and Deeth												
E C		resulting in deeth) DUE TO (OR AS A CORPORQUENCE OF):												
5 7		c. CSPO												
CERTIFICATION		Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A	CONSEC	UENCE OF):							
8 3		cause. Enter UNDERLYING CAUSE (Disease or Injury											j	
		that initiated eventa	OUE TO	(OR AS A	CONSEC	UENCE OF):							
		resulting in desth) LAST	d											
		PART il. Other significant condition	ne contribution to	doub b										
MEDICAL		PART il. Other algnificent condition	na contributing to	deeth bi	ut not re	sulting i	n tha under	iying	ceuse given in	Part I. 24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
		HOMO.	- (A/	12						1 _ YES 2	WHO -		COMPLETION OF CAUSE OF DEATH?	
M M				V									1 YES 2 NO	
3 3														
PHYSICIAN:		25. WAS CASE REFERRED DO MEDICAL EXAMINER?	HOSPITAL:					6. PL/	ACE OF DEATH (Che	ck only one)				
XSI S		1 YES 2 NO	1 Inpatient 2	ER/Outpi	itlant 3	DOA	OTHER: 4 Nursing	Home	5 🗆 Residence	6 Other (Specify)				
E E	ı	27. MANNER OF DEATH	28a. DATE OF (Month, Da			28b. TIME INJU		. INJU	JRY AT	28d. DESCRIBE NOW I	NJURY OC	CUREO		
B		Natural 5 Pending Investigation							ES 2 NO					
		3 Suicide 6 Could not be	28a. PLACE Of building,	F INJURY	At hom	e, farm, s	ireet, factory,	office		281. LOCATION (Street 4 City or Town, State)	nd Number	or Rural A	loute Number,	
COMPLETED	L	4 Nomicide detarrained								City or lown, state)				
29a. CERTIFIER (Check only control of the cause (a) and manner as stated.								hed						
0	1	one) 2 MEDICAL EXAMINE	ER: On the beals of ax	emination	and/or In	veatigation	i, in my opinie	n, de	ath occured at the I	lime, data and place, an	d due to th	e cause(s	and manner as atatad.	
29b. SHIPATURE AND TITLE OF CERTIFIES														
2 0		1112-11	Min	6	u	P)			118	1) 66	ZVG. DAT	SIGNED	(Month, Dey, Year)	
2	1	30. NAME AND ADDRESS OF PERSON WA	O COMPLETEO CAUS	E/OF DEA	TN (ITEM	27) (Type.	Print)	_	0100	7/	- 4	-/-	7/97	
		manuer.	SEVIN	D		611	Nu	N	sch Lo	1 Uto	SM	111	C7731 -	
		31. DATE PILEO (Month, Day, Year)	22. REGISTRA	R'S SIGNA	TURE	00			0		, , ,		3/00	
		APK 6 92	freha Day	d400/-	Manda									

BALTIMORE, MARTEND 21215-0020	4 hours after death. Page 6 may be required by the tential or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 months are more as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be required to the template or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT (MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lust) Marry Schl	egel		2. DATE OF DEATH MONTH 4 - 5 - 9	YEAR 2 10/24 M				
	215-22-2413 1 DM 2 DF 8	9 YRS.	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 10,1902	BIRTNPLACE (State or Foreign Country) Maryland				
TOR	9e. FACILITY NAME (If not Institution, give street and number) Baltimore County Gen. Hosp RESIDENCE OF DECEDENT		wn or location of de Randallstow		NTY OF DEATH Baltimore				
DIRECTOR	10s. STATE 10b. COUNTY Md. Baltimore	10c. CITY, TOWN OR I	ocation terstown		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	103 Chartley Drive		101. ZIP CODE 21136	10g. CiTi	U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	DECENDENT OF NISPANI e, specify Cuben, Mexican YES XX NO Specify:	C ORIGIN? (Specify Yea or No— , Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White					
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	6a. DECEDENT'S USUAL OCCU (Give kind of work done duri life. Do NOT use retired.) Assembler	PATION ig most of working	166. KIND OF BUSINESS/IND					
COMPL	17. FATNER'S NAME (First, Middle, Lest)	Vegemore.	18. MOTNER'S NAM	Bendix Cor	p.				
BE (Lewis Cronin Moleswort			ie Florence Ga					
2	19e. INFORMANT'S NAME (Type/Print) James E. Gardner			oute Number, City or Town, State, Zipsterstown, Md.					
	20a. METNOD OF DISPOSITION 1								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		E ANO ADDRESS OF FAC						
	· H. J. Zehlandt	13	605 Reiste	eral Chapel rstown Rd Ow	21117 ings Mills, Md.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shocy, or heart failure. List only one cause on each line. Approximate Interval Betw.								
CERTIFICATION	disease or condition reaulting in death) Bleeding Abdominal Aorbic Aneurysm Due to (or as a consequence of): Cerebral Vascular Infarction oue to (or as a consequence of): Cause (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):								
MEDICAL	PART II. Other algorificant conditions contributing to death but Arteriosclerottic Cardio	lying cause given in P	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Option 2 ER/Outpatient	OTHER:	8. PLACE OF DEATN (Chec						
ВУ РНУ	27. MANNER OF DEATN 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF 28c	Nome 5 Residence 8 INJURY AT WORK? YES 2 NO	28d. OESCRIBE NOW INJURY OCC	CURED				
8		At home, term, street, factory,	office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the besie of examination and	ge, death occurred at the time, nd/or investigation, in my opinic	date end place, and due to	o the cause(s) end manner ea state me, date and place, and due to the	ed, e cause(s) end menner se steted.				
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER SIN COLOUR D HOUSE + 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	Phy sica	29c. LICENSE NUMB	29d. DATE	SIGNEO (Month, Day, Year)				
	Sie Kiem Ong W Balking 31. DATE FILED (MONTH, Day, Year) 1 32. REGISTRAR'S SIGNATU	JRE	rement Hos	pstof, Randall	Storm MD 2/133				
10	ADD (100 Kill Knillen A	and le							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
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NOIS	NDING
5	ATT
0	OR
_	- 4

1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTM	ENT OF HEALTH		AL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lat.	W.	SISCO)	2. DAT MON		2 3. TIME OF DEATH 12:56 P			
4. SOCIAL SECURITY NUMBER 289-70-6367	5. SEX 6.	AGE (In yrs. lest birthday) IF U		MIN. (Mor	E OF BIRTH Wh, Day, Year) 12–1963	BIRTHPLACE (State or Foreign Country) Oklahoma			
Se. FACILITY NAME (If not institution, gi	Company of the later of the lat	9b.	CITY, TOWN OR LOCAT			INTY OF DEATH			
RESIDENCE OF DECEDENT									
Georgia	Glynn	10c. CITY, TO	VN OR LOCATION	Brunswic	k	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER	Ellis Stre	et	101. ZIP COC	31520	10g. CIT	U. S. A.			
10e. STREET AND NUMBER 1127 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S El (Specify only highest on Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	12. WAS DECEDENT E FORCES? KX IF YES, GIVE WAR 3-15-87 to	YES 2 NO	13, WAS DECENDENT If yos, specify Cub. 1 YES ZYCKNO	an, Mexican, Puerto	IN? (Specify Yes or No— Rican, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White			
16. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	L OCCUPATION one during most of world id.)	ing 16	b. KIND OF BUSINESS/INC				
12	Conege (I-4 or 5 +)	Commercia	1 Diver	υ	Inderwater N	Marine Service			
17. FATHER'S NAME (First, Middle, Last)			16. MOT	HER'S NAME (First,	Middle, Malden Surname)				
	Gene Win	dell Linville			ore Keller				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	NESS (Street and Number		nber, City or Town, State, Zir,				
Hannelore Sis	CO		rman Terr	ace Driv	e Mason, C	Ohio 45040			
20a. METHOD OF DISPOSITION)(XBurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	100000000000000000000000000000000000000	20b. PLACE AND DATE OF DIS cemetery, cremetory or other place ROSE Hill	remajory or other place) Date 20c. Location - City or Town, St.						
21. SIGNATURE OF FUNERAL SERVICE	P grace	M	3981 Carr			neral Service			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Death Onset and Death Onset and Death Death Onset and Death Death									
PART II. Other algorificant conditions	ith but not reaulting in the	underlying ceuse	given in Part I.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL			26 PLACE OF D	EATH (Check only o					
EXAMINER?	HOSPITAL: 1 ☐ Inpatient XX ER		IER:						
27. MANNER DF DEATH	28s. DATE OF INJ	ARY 286. TIME OF	Nursing Home 5 Re		or (Specify) SCRIME HOW INJURY OCC	cureor /			
1 Natural 5 Pending 2 Accident Investigation	03-31-1	992 ? MJURY		INO de	winger w	till mapie			
3 Suicide 6 Could not b 4 Homicide determined	28s. PLACE OF IN. building, etc.	MARINE TER	MINAL	DUÑ	OALK MARINE	ALLY MARINE TERMINAL BAL			
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	cnowledge, dasth occurred at t	ne time, data and placa	, and due to the ce	ruse(a) and manner as stat				
250 MONTHURE AND THE OR CONTIF				ENSE NUMBER		E SIGNED (Month, Day, Year)			
Jan MANE AND ADDRESS TO BERTON	55.86,0	MD DEATH (ITEM 27) (Type, Print)	7.00	C.M.E		-01-1992			
FRANKO. PE			ENN ST. B	ALTIMORE	,MARYLAND	21201			
APR 3 92	Fina Davido	SIGNATURE on-Handell							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BATTWORE, MARYLAND 21215-0020	of the may be retained by the hospital or attending physicia	theral grecon, page 5 should be detached for use as the burial-tr		
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIANS: The law requires that the death certificate be executed within 24 fours any count. Page 1 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by * * * * * * * * * * * * * * * * * *	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remi	MANDONTANT, of the market on the second section of the second sec

	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E					
1	t. DECEDENT'S NAME (First, Middle, Leat)	SMITH		SMITH SR.	2. DATE OF DEATH DATE OF	w. 9"	2 12,00 "				
	577 -40 -4677	1 XX 2 F		UNDER 1 YEAR FUNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-28-19		BIRTHPLACE (State or Foreign Country) aryland				
TOR	9a. FACILITY NAME (If not institution, give to the state of the state	SO. MARYLAND HOSPITAL CHINTON PHINCE									
DIRECTOR	Maryland Cha	arles		own or location ldorf	_		10d. INSIDE CITY LIMITS? t YES 2 NO				
ERAL	100. STREET AND NUMBER 2113 Dennis Co	ourt		101. ZIP CODE 2060	1		USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X XES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 — YES 2 MO Spec	can, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	18a. DECEDENT'S USL (Give kind of work life. Do NOT use re-	Pepco							
BE CON	17. FATHER'S NAME (First, Middle, Lest) Charles N. Smi	th			IAME (First, Middle, Maiden Edna Law						
TO B	190. INFORMANT'S NAME (Type/Print) Lucienne Smith	1	196. MAILING ADI 2113	DENNIS Ct.,	Waldorf,	Md.	20601				
	20a. METHOD OF DISPOSITION 1 \(\text{Surlel 2 } \) Cremetion 3 \(\text{Removal from State} \) 4 \(\text{Donation 5 } \) Other (Specify) \(\text{Donation State} \) 20b. PLACE AND DATE Of DISPOSITION (Name of complete 2, cremetary of other place) of the place of the complete 2										
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE Benjamin Matthews M00658 22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home P. O. Box 156, Waldorf, Md. 20604										
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ac a	enter the mode of dying, as	ich as cardlec or respi	ratory arrest	, Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other algolificent condition	a	ut not reaulting in t	ne underlying cauae given i	n Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
BY PH	27. MANNER OF DEATH t Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW II	JURY OCCUR	ED				
	3 Suicide 5 Could not be 4 Homicide datermined	25e, PLACE OF INJURY building, etc. (Speci	— At home, farm, stree	t, factory, office	281. LOCATION (Street a City or Town, State)	nd Number or F	tural Route Number,				
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
8	205 SIGNATUR AND TITLE OF CENTIFIE		m >	29c. LICENSE N			GNED (Month, Day, Year)				
2	Annette Go	no completed cause of Dea	ATH (ITEM 27) (Type Print	si oblio	LD Wall	dod	MD 20602				
	31. DATE FILED (Month, Day, Year)	32. REGISTRUM'S SIGNA	A Pandade	71		1	, , , , , , , , , , , , , , , , , , , ,				

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ector, page 5 should be detached for use as the bunlatransit permit. Pages 1, 2, 3 should ge 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or reliMPORTANT. If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medic

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

must be notified at once.

1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	3. TIME OF DEATH		
	_MARK SWANN	MARK BER	NARD SWA	NN		04 0		2 11:00 P M		
	4. SOCIAL SECURITY NUMBER 578-90-0431	5. SEX 6. AGE (In yrs. last birthday) YRS. 1. DATE OF BIRTTH (Month, Day, Year) 1. DAYS HOURS MIN. 1						BIRTHPLACE (State or Foreign Country) Maryland		
-	9a. FACILITY NAME (If not institution, give THE JOHNS HOPKIN				TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
5	RESIDENCE OF DECEDENT			BALTIM	UKE		DALI	IMORE CITI		
DINE.	10a. STATE 10b. COUNT			TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
	Maryland Prin	s Ox	en Hi				1 TYES 2 NO			
FUNERAL		berry Lan	e	10	20745			N OF WHAT COUNTRY?		
BY FUR	11. MARITAL STATUS X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	R IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 VES 2X NO Specify: 1. ARACE — American Black, White, etc. Specify: Blac						
3	15. DECEDENT'S EDU		16a. DECEDENT'S US	SUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS			
<u>.</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	(Give kind of work done during most of working life. Do NOT use retired.)						
COMPL		2	Proces	sing	Clerk	Expor	ort			
_	17. FATHER'S NAME (First, Middle, Last) Unko	wn				ME (First, Middle, Maiden				
מ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	Bett			wann		
2	Betty Swann		4619	Winte	rberry	Lane, Oxe	n Hil	T,Md. 20745		
	27a. METHOD OF DISPOSITION 7f □ Burlel 2 □ Cremation 3 □ Ren 8 □ Denation 5 □ Other (Specify)		constant of the Sacred He			OATE 20c. LO		y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LE	COURSE /	Jacrea III	22. NAME A	NO ADDRESS OF FA					
	1.0.0.0	cholo	1	P.O.	Box 56	7,La Pla	ta.Mo	20646		
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Drew	M O N I OS S A CONSEQUENCE OF):					interval Batween Onset and Death		
MOLIPOLINI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST b. Numan immunodehairoug virus infection 4 yrs DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
7	PART II. Other algolificant condition	na contributing to deet!	but not resulting in	the underlyin	o ceuse olven in	Part i. 24s, WAS AN	Altropey	24b. WERE AUTOPSY FINDINGS		
MEDICA	Staph Auren		remia			PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
	Or Mac over Deserve									
SICIOIS. III	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF OEATH (CA					
	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O	A STATE OF THE STA		ne 5 🗆 Rasidence	8 Other (Specify) 28d, DESCRIBE HOW I	N HIRV COCH	250		
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea		Y W	YES 2 NO	200. DESCRIBE NOW I	NJOHY OCCU	NEO .		
	3 Suicide 6 Could not be determined	26a. PLACE OF INJU- building, atc. (S	RY — At home, ferm, stre	et, factory, offic	ea .	281. LOCATION (Street : City or Town, State)		Rural Route Number,		
		ICIAN: To the best of my kn						cause(s) and manner sa stated.		
	295. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI					
	Tirola Bra	an an			519	52	29d. DATE SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WITH BR	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	Wol	Re St.	Baltin	wie	MD 21205		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	SNATURE RONDARD	,						

And the second

1	iner must be giffled at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
rithin 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	ANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner n	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH 1992 YEAR March 25, MARY SNYDER 9:04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 232-26-1224 1 M 2 XX HOURS YRS. 74 11-06-1917 9a. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital Cumberland Allegany RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Allegany MD YES 2 NO Cumberland 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 31 Massachusetts Avenue 21502 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14, RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 TO Specify: 3 Widowed 4 Divorced Specify: white 15. DECEDENT'S EOUCATION 16a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 12 homemaker own home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James P. Kenney Mary Elizabeth Counihan 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert J. Snyder. Massachusetts Avenue Cumberland, MD 21502 20s METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Mary's Cemetery 3 - 28Cumberland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home 23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Intervel Batween IMMEDIATE CAUSE (Finel Onaat and Death disease or condition 8 resulting in death) A CONSEQUENCE OF Sequentially list conditions, DUE TO TOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING ~ Ww CAUSE (Disease or Injury that initiated events DUE TO OR AS A CONSEQUENCE O resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 THO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Reinpatient 2 - ER/Outpatient 3 - DOA OTHER:
4 Nursing Home 5 Rasidence 6 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Waturel 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicida 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the say 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Qamar Zaman-Johnson Heights Medical Building-Cumberland, MD R 03 1992 32. REGISTRAR'S SIGNATURE

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attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the incompanient of the funeral director, page 5 should be defined within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGI	ENE	10370		
	1. DECEDENT'S NAME (First, Middle, Last)			SELT		2. DATE OF DEAT		3. TIME OF OEATH		
	SHERREL	GERSHON		136	ZER	march	26 199			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	MONTHS DAYS	-	7. DATE OF BIRTH (Month, Day, Yea 4 - 2 1 -	8.	BIRTHPLACE (State or Foreign Country) NEW JERSEY		
_	9a. FACILITY NAME (# not institution, give st PENINSULA REGIO			9b. CITY, TOW	OR LOCATION OF E			NEW JERSEY OF DEATH OMICO		
DIRECTOR	RESIDENCE OF DECEDENT									
EC.	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	ATION			10d. INSIDE CITY		
	MD BAL	TIMORE		BALT	IMORE			1 YES 2 NO		
1AL	10e. STREET AND NUMBER				IOF. ZIP COOE		10g. CITIZE	N OF WHAT COUNTRY?		
FUNERAL	1711 EASTERN				21231			U.S.A.		
BY	1 MARTIAL STATUS 1 Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	IN U.S. ARMEO 2 □ NO DATES ARINES	If yes,		NIC ORIGIN? (Specifican, Puerto Rican, etc.	y Yes or No— 14	RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a, OECEDENT'S (Give kind of ville, Do NOT us	vork done during	TION most of working	16b. KINO OF	BUSINESS/INOUS			
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)	OILE	,		МАТ	RINE			
Ö	17. FATHER'S NAME (First, Middle, Last)		0131		18. MOTHER'S N	AME (First, Middle, Me				
BE C	DAVID SELTZER			SAD	IE (UNE	() SEL	TZER			
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or		· ·		
-	MURRAY SELTZER 5514 SOUTHAMPTON DR SPRINGFIELD, VA 22151									
	20e METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remo	ovel from State Co	b. PLACE AND DATE (Ther place To To	Name of	OATE 200	LOCATION - CH	y or Town, State , MARYLAND		
	4 Donation 5 Other (Specify)	ENSEE	IAKILANL	22. NAME	AND ADDRESS OF E	ACILITY	URLOCK	, MARYLAND		
	22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD SALISBURY,									
	23. PART I. Enter the diseases, or o shock, or heart fellure.	complications that cause	the deeth. Do r	not enter the r	node of dyling, su	ch aa cardiec or n	espiratory arrea	t, Approximate		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Lequatry Guest Out to (or as a consequence of):									
NO	Sequentially list conditions, Dut to (on as a consequence of): Hywww Gucyttalystally Dut to (on as a consequence of):									
CERTIFICATION	cause. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
<u>H</u>	resulting in death) CAST	d								
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	a contributing to death	but not reaulting	in the underly	ng ceuse given in	PEF	S AN AUTOPSY REORMEO?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
ME						_		OF DEATH? 1 YES 2 NO		
ä										
Š	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2 1	28. OTHER:	PLACE OF DEATH (C	heck only one)				
14S	1 VES 2 NO	28e, DATE OF INJURY	patient 3 DOA 28b, TIM	W III II III 00011						
I P	1 Natural 5 Pending	(Month, Day, Year)		URY	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HO	JW INJURY OCCUP	NED .		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y At home, ferm, s			201. LOCATION (St	reet and Number or	Rural Route Number,		
	4 Homicide datermined	Salieng, etc. (Sp.				City or Town, S	rem)			
COMPLETED		CIAN: To the best of my known R: On the basis of examination						ause(s) and manner se stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	71. /.	.4		29c, LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
TO B	Mall	m- uno M			W3311	-	Þ 52	127/87		
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	EATH (ITEM 27) (Typo,	Print)				/		
2	31. DATE FILED (Month, Day, Year) MAR 3 0 1992	32. REGISTRAR'S SIGI	VATURE							
10	MINIT O D POOL	1	m. M. m.							

BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the many be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the wrent director mape 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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-	4	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the uneral diffi- be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	dical
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	Detr	cominal, c	8
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31. DATE FILED (Month, Day, Year) MAR 2 5 1992

The may be retained by the hospital or attending physician.

IORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF N	TAKYLANU /	DEPAR	ICAT	T OF H E OF	DEAT	AND	MENTA	REG. NO.	E 9	2	10579	
	1. DECEDENT'S NAME (First, Middle, Last)	Κ.	SHOP				2. DATE	E OF DEATH	W 10	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is:	st birthday)	IF UND	R t YEAR	IF UNDER	24 HRS	7. DATE	OF BIRTH	2/19	42-	IPLACE (State or Forei	M
	217-03-7800	1 M 2 - F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year) 3-1909		Md.	ny)	gri
	9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF D		2,0,		INTY OF E	DEATH	_
OR	PENINSULA REGIO	NAL MEDI	CAL CEN	TER		SA	LISB	URY			TAT T	COMI	CO	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y. TOWN	OR LOCAT							10d, INSIDE CITY	
DIR	Md. Wicon	nico		16111	isbu								LIMITS?	0
AL	10e. STREET AND NUMBER						ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?	_
FUNERAL	1107 Springhill 1	Road					2	1801			U	SA		
F	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 YES			RMED	13					N? (Specify Yes Ricen, etc.)	or No-	14. RAC	E — American Indian, k, White, atc.	,
BY	3 Widowed 4 Divorced	IF YES, GIVE W						y:	Titodii, dicij		Spec	White		
	15. DECEDENT'S EDUC		16a. Di	ECEDENT'S	USUAL	OCCUPATIO	DN .		16	b. KIND OF BUS	SINESS/IN		WILLE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	litte	live kind of a Do NOT u	work done se retired.	during mo	st of working	g	11.50					
MPL	8	Ca	arpen	ter					Housin	g				
00	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
BE	Joe Short									len Unk			ort	
9	19a. INFORMANT'S NAME (Type/Print) Rita E. Bell Short 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 1107 Springhill Road Salisbury, Md. 2										0.0.1			
	20e. METHOD OF DISPOSITION		20b, PLACE					Noau			CATION -			
	1 Donation 8 Other (Specify)	oval from State	spring	ematory or o	ther place	Orv	Gard	ens	3-2		ron,		wn, state	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A A	PPIZZZ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22	. NAME AN	D ADDRES	SS OF FA	CILITY					
	mille in		de							ne, Inc nar, De		040		
	23. PART I. Enter the diseases, or c	omplications the	t caused the de	nath. Do i									Approximate	_
	Shock, or heart feliure. List only one cause on each line.										Interval Bets Onset and D	ween		
	disease or condition resulting in death)	eJ-	estral hom					0 111	Ca,	0		, catt		
	DUE TO (OR AS A CONSEQUENCE OF):													
NO	Sequentially list conditions, b.													
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	QUENCE O	F):									
임	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):									
CERTIFICATION	resulting in death) LAST													
-	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
₹ I	PART II. Other algumeent conditions	Contributing to	deeth but not	reauting	in the u	nderlying	cause g	jiven in	Part I.	24a. WAS AN PERFOR		246	AVAILABLE PRIOR TO	
ED									_	1 - YES 2	□ NO		OF DEATH?	35
Σ.													1 YES 2 NO	
NA I	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE DF D	EATH (Ch	eck only o	ne)				_
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE		5 🗆 Re	eldence	8 🗆 Oth	er (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF (Month, Di	INJURY ny, Year)	28b. TIM		28c. INJ	JRY AT		_	SCRIBE HOW I	NJURY OC	CURED		
BY	1. Natural 5 Pending 2 Accident Investigation				М	1 🗆 Y	ES 2 [NO						
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, farm,	street, fac	ctory, office			28f. LOC City	81. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
E	an operation													
COMPLETED	(Check only CERTIFYING PHYSIC													
8	2 MEDICAL EXAMINE		remination end/or	Investigation	n, In my	opinion, de				e and place, en	d due to ti	ne ceuse(e	e) and menner ee stat	ed.
BE	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBER 29d. DATE SIGNED (Mogifi, Day, Year)					/		
	I V L L L L L L L L L L L L L L L L L L	21.0					()	21	12	74 1	7	3/28	176	

DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE

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or attending physician, or use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and competely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

21215-0020

BALTIMORE, MARILAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN		CEH	TIFICE	IL OF	DEAL	H	Al	EG. NO.			
	DECEDENT'S NAME (First, Middle, La ANNA	BELLE			RIEVES			2. DATE OF D				3. TIME OF DEATH
- 1			& ACE (In see least blee		NOER 1 YEAR	1	_	MARC			2	0620 M
	4. SOCIAL SECURITY NUMBER 95 214-28-8755	1 M 2 F	6. AGE (In yrs. last birt	PRS. MONT		IF UNDER	MIN,	7. DATE OF B	Year)		Country)	LETREE MD.
	9a. FACILITY NAME (If not institution, gi			9b.	96. CITY, TOWN OR LOCATION OF DEATH						TY OF DE	
OR	PENINSULA REGI		AL CENTER		SA	LISBU	JRY			WIC	OMIC	0
[[[RESIDENCE OF DECEDENT 10e, STATE 10e, COU		I 10	· CITY TO	AN OR LOCA	TION!						
DIRECTOR		OMICO	1		CITY, TOWN OR LOCATION LISBURY							10d. INSIDE CITY LIMITS? 1 YES 2 XO
A	10e. STREET AND NUMBER				10f. ZIP CODE					10g. CITIZ	EN OF W	IAT COUNTRY?
FUNERAL	RT.8 BOX 252	TILGHMAN	RD.			21801				U.S	. A .	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)							- American Indian, White, stc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WI	YES 2 NO			2XXNO			, etc.)			WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a, DECED	ENT'S USUA	L OCCUPATION	ON of weekle		16b. KING	OF BUS	INESS/INDU	JSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)			one during mo ed.)		y					
MP	11 YRS.		TELEP	HONE	OPERA'	TOR			-			
	17. FATHER'S NAME (First, Middle, Last) DAVID THOMAS	WATSON						ME (First, Middle LL WATS		Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b, M/	ULING ADD	RESS (Street a			loute Number, Ci		State Zio i	Codel	
1	LEONARD SHRI											MD 21801
	20s. METHOD OF DISPOSITION 1 12 Autrial 2 Cremation 3 Removal from State 2 0b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 4 Donation 5 Other (Specify) CPD TN/CHTT T MEMODY CADDEN 12/2/2 UEDDON MD											
	4 Donation 5 Other (Specify) SPRINGHILL MEMORY GARDEN 13/24 HEBRON, MD. #1. SEGNATURE OF SHATERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	XIM. K	7					RAL HOM) II D I	MD	01001	
	ART I. Enter the diseases, o	or complications that	carried the death.	Do not e	nter the mo	de of dyi	ng, such	RD. SA	or reapir	elory arre	MD.	21801
	shock, or heart fallut IMMEDIATE CAUSE (Final	e. List only one cetts	e on each line.									Interval Between Onset and Death
	disease or condition resulting in death)	Belle	unaus	· an	ust							
	DUE TO (OR AS A CONSEQUENCE OF):											
ON	Sequentially list conditions, Due to (or as a consequence of):											
YATI	if any, leading to immediate cause. Enter UNDERLYING	502 10 (On AS A CONSEQUEN	CE OF):	/							
CERTIFICATION	CAUSE (Disease or Injury that initiated events	cDUE 10 (OR AS A CONSEQUEN	ICE OF):								
ERI	resulting in death) LAST	_ d										
	PART II. Other significant condit	iona contributing to d	death but not requi	ting in the	underiving	cause o	iven in F	Part 1. 24s.	WAS AN	UTOPSY	24h Y	WERE AUTOPSY FINDINGS
EDICAL									PERFORI	MED?	1	WAILABLE PRIOR TO
			-					_ ' -	YES 2	M. NO	9	OF DEATH?
2								_				YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DE	EATH (Chec	ck only one)			1	
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 🗅		HER: Nursing Hom	e 5 🗆 Res	sidence 6	B Other (Spe	icffv)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF II (Month, Day	NJURY 28	b. TIME OF	28c, INJ			28d. DESCRIB	-	JURY OCCU	URED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	n		1	1 0	res 2	NO NO					
3 Suicide 8 Could not be determined 4 Homicide 4 Homicide Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)							ute Number,					
H POTRICOS OSCETITIOS												
COMPLET		YSICIAN: To the best of n										
8		NER: On the basis of exe	imination and/or inves	ligation, in i	my opinion, d	eath occur	ed at the t	lime, data and p	place, and	due to the	Cause(s)	and manner as stated.
BE	29h. SIGNATURE AND TITLE OF CERTIF	IER A	0			29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALLS	OF DEATH STEM OF	(Time Cales)		21.	28	2/		7	4/19	Z
	F DT 1	V205 -	SALISI	לותנול	m	218	11					
10	John Routon borgers Division SALIS bury Md 218/1 31. DATE FILED (Mortin, Day, Year) 32. REGISTRAR'S SIGNATURE									_		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CE	RTIF	ICATE C	F DEATH		REG. NO			,
	1. DECEDENT'S NAME (First, Middle, Last)	A.					2. DAT	E OF DEATH			3. TIME OF OEATH
	ALFONZÓ SISCO =							3- 5	"19-	9ºZªR	0915 AN
	4. SOCIAL SECURITY NUMBER 229-38-9505	1 🔯 M 2 🗀 F	M 2 F 16 YRS. MONTHS DAYS HOURS MIN. 4 MONTHS OF THE						15	8. BIRTI- Countr	PLACE (State or Foreign Va •
DIRECTOR	9a. FACILITY NAME (If not institution, give sti	eet and number)				n or location of o	DEATH			INTY OF O	mico
Sign of the sign o	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					Danie manifesta
	Md .	Wicomico				icoke					10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	Box 23	E	Bank R	oad		101. ZIP CODE 218	340			J.S.	WHAT COUNTRY? A •
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? DO IF YES, GIVE WAR	YES 2 NO		If yes	DECENDENT OF NISP , specify Cuban, Mexic res 25 NO Spec	can, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACE Black Speci	E — American Indian, k, White, etc.
ETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give	e kind of t	USUAL OCCUP work done during ne retired.)	ATION most of working	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLET	7	Conege (1-4 or 5+)	Em	p10	yee					r, s	eafood
	17. FATNER'S NAME (First, Middle, Last)	- •				18. MOTNER'S N			Surname)		
BE	Michael 19a. INFORMANT'S NAME (Type/Print)	Sisco)			Lula					
6	Alice Flo	W				et and Number or Aura ank Road					. 21840
	20a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE AN	atory or o	of DISPOSITION	M.G. Cer	DAT	20c, LO	CATION —	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE MC		9111	22. NAM	AND ADDRESS OF F	ACILITY	2 n	epro)11,	Ma
	Emalus 1	J. VILS	00-417 SM	2	Bi	ssick Fu	larv	land '	2181	4	Box 61
	23. PART I. Enter the diseasea, pr co ahock, pr haart fallura. L	emplications that ca	nused the dea	th. Do n	ot enter the	mode of dying, au	ch aa car	diac or reepi	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Final	RESPI DUE TO (OR		24	FAI	LURE					Interval Batween Onset and Death
NO	Sequentially list conditions.	CHRON	lic BE	202	CHIT						
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQU	JENCE OF	ን:						
CERTIFICATION	that initieted eventa reaulting in deeth) LAST	OUE TO (OR	AS A CONSEQU	ENCE OF	7):						
2	PART II. Other eignificent conditione	contributing to dec	eth but not rec	willing I	n the underly	ing cause gluon in	Dort 1	04- 1110 444		Lau	
MEDICAL						mig codes given in		24a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ÿ I											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	heck only o	ne)			
×SI	1 YES 2 NO	1 Inpetient 2 ER				ome 5 KResidence	8 🗆 Othe	or (Specify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Y	URY bar)	28b. TIM(URY	NJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OC	CURED	
	3 Suicide 8 Could not be determined	28s. PLACE OF IN- building, etc.	JURY — At home (Specify)	e, farm, s	treet, factory, o	ffice	281. LOC City	ATION (Street a or Town, State)	nd Number	or Rural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 K CERTIFYING PHYSICI	IAN: To the best of my	knowledge, deat	h occurre	d at the time, d	ate and place, and du	to the car	use(s) and men	ner as stat	led.	
	286 GNATURE AND TITLE OF CERTIFIER							and place, and			
H	Stephen HO	Xalley.	ND			D206			29d. DATI	SIGNED	(Month, Day, Year)
٤	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM	27) (Туре,	Print)	1206	0-	1	. 0	1-1	176
11	31. DATE FILED (Month, Day, Year)	1, LAF	EY	m							
7	BEED A - AGE	Acha Davida	SIGNATURE	0							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be makind by the attending physician and completely filled in by the thirmal director, page 5 should be detached for use as the burnal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dopt. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARY DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AND 27215-0020

DNMH-18 Rev 1/89

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District Control

MEN A TAR

BALTIMORE, MARKLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the himping or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should increase the burial-transit personal physician and startal Annian prior in harial commission or removal	nce.
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ORI	6 та	ctor. p	nust
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ALT	death.	funer	ехаш
8	s after	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is hours after death with the State Dent of Health and Mental Honine puter to build cremation on removal	Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	e death	Vental	Lu.
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FUNERAL DIRECT within 72 hours a TTANT: If Itom 2

HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

Pages 1, 2, 3 should

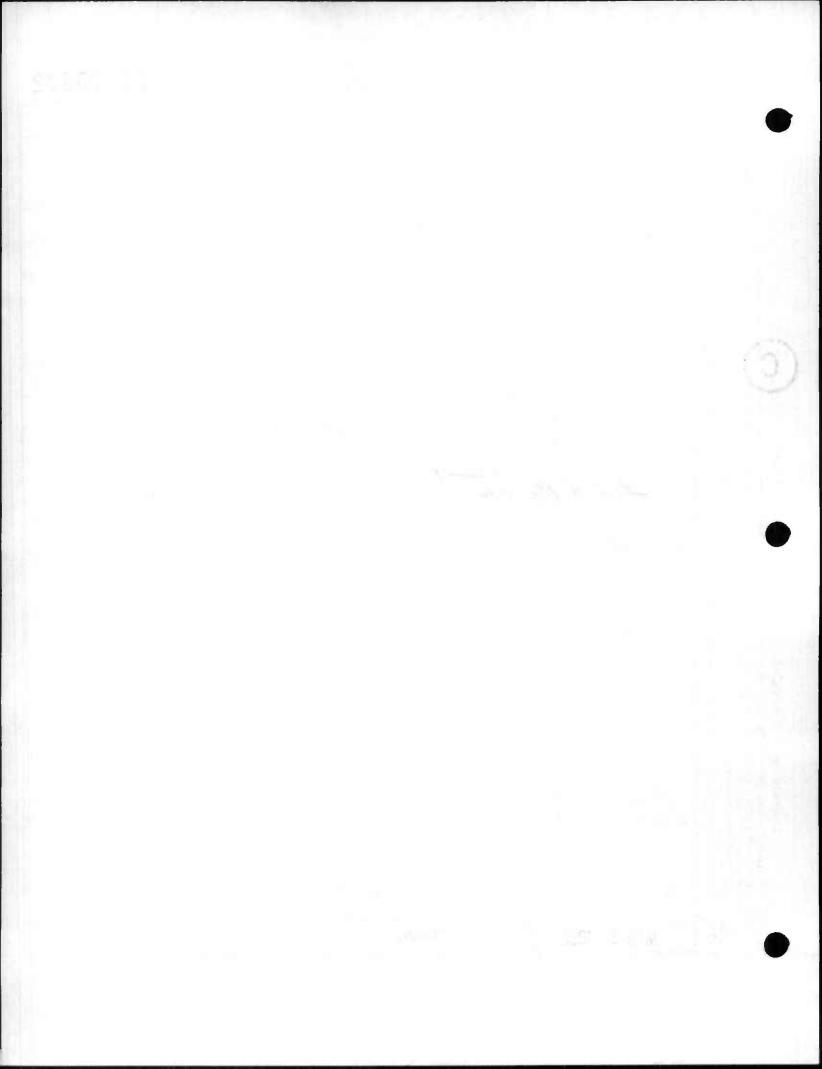
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 992 YAT CLARK SOCKRITER 03 4:50 P.M A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER J YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 🖾 M 2 🗆 F YRS. 25 9-14-1966 214-90-2512 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WICOMICO 202 W.CHURCH STREET HEBRON DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Md. Wicomico Hebron TE YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 202 West Church St. 21830 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 YES 2 XNO Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Road Constuction 12 1.A. Consturction Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Carlton James Mitchell BE Ellen Webster 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ellen Mitchell 1 Box 101A. Hebron Md. 21830 20a. METHOD OF DISPOSITION
1

Strict 2 □ Cremetton 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) _____ 20b. PLACE AND DATE OF DISPOSITION (Name of 3-20-92 DATE cemetery, crematory or other place) 20c. LOCATION - City or Town, State Shad Point Cemetary Salisbury, Md 21. SIGNATURE OF FUNDUAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY moogK Bivalve Md. 21814 colf Messick Messick FuneralHome Rt. 349 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or heart fellure. Liet only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition CONTACT INTRADRAL GUNSHOT WOUND OF HEAD resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO I YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 N Residence 6 □ Other (Specify) 1 | Inpatient 2 | ER/Oulpatient 3 | DOA 27. MANNER OF DEATH 03-15-1992 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 10:30PM SELF INFLICTED GUNSHOT WOUND 1 YES 2XXNO 2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, larm, street, lactory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 6 Could not be 202 W. CHURCH STREET AT HOME 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 💹 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day Year) Donald G. Wug H M D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ▶ 03-17-1992 O.C.M.E. DONALD G. WRIGHT 111 PENN STREET BALTIMORE MARYLAND 21201 31. DATE FILED (Month, Dey, Year)
MAR 2 0 1992 30. REGISTRAR'S SIGNATURE



	REGISTRAN	CLNIII	ICALE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Dolores Dolores Sanders	2. DATE OF DEATH DO NOTH DO	AY 9 YEAR	3. TIME OF DEATH				
	1 - 6	rs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-30-3/ * BIRT Cour	rHPLACE (State or Foreign stry) erstown, Md.	
,	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF		
DIRECTOR	Washington County Hospital	Hag	erstown		Washi			
JE .	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY	
	// d. Washington	H	agers				LIMITS? 1 YES 2 NO	
FUNERAL	1308 Orchard Hills	Bark	WAY	ZIP CODE	40		U.S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? t YES: IF YES, GIVE WAR OR DATE	2 ZNO	If yes, so	ecity Cuban, Maxica 24 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	Bia	CE — American Indian, ck, White, atc. CMV White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest practe completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1 2	Give kind of v life. Do NOT us	USUAL OCCUPATI vork done during me retired.)	ON ist of working	16b, KIND OF BUS	SINESS/INDUSTRY		
M	17. FATHER'S NAME (First, Middle, Last)							
	John David Ausherman			1	ME (First, Middle, Maiden			
BE					R. Harbaug			
2	19a. INFORMANT'S NAME (Type/Print)	196. MAILING	ADDRESS (Street	nd Number or Rural F	Noute Number, City or Town	n, State, Zip Code)	100	
-	John M. Sanderson, Jr.	130	08 Orcha	rd Hills	Parkway	Hagersto	wn, Md. 2174	
	4 Donation 5 Other (Specify)	ry, crematory or of	of Disposition (Na ther place) Cemeter			cation - city or 1	own, State Maryland	
	21. SIGNATURE OF FLINERAL SERVICE LICENSEE	ch	22. NAME A	D ADDRESS OF FAC	riinnici	Funera	1 Home , Md. 21740	
	23. PART I. Enter the diseases, or complications that caused the	a daeth. Do n					Approximate	
	IMMEDIATE CAUSE (Finel disease or condition	ilne.	1.0	200 A	ah a		Interval Batween Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):							
TION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events CAUSE (Disease or Injury Due TO (OR AS A CONSCOUENCE OF):							
SERT	resulting in deeth) LAST	LSU	erosy	2			20yr.	
	PART II. Other algorificant conditions contributing to deeth but if	not resulting is	n the underlying	cause given in i	Part I. 24s, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS	
EDICAL	Liver Disease, alisho	liem.	. Chron	Varing Vi	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Decubitus, arthrito,	Goch	mildedo	10 - 0 × 0 - 1	1 TES 2	NO	OF DEATH?	
Σ.	metabalic impalare	0001	MINIST	ACON THREE	July 1	1	1 TYES 2 NO	
NA I	25. WAS CASE REFERRED TO MEDICAL			105.05.05.00				
S	EXAMINER? HOSBITAL:		OTHER:	ACE OF OEATH (Che				
PHYSICIAN:	1 Pres 2 Pro 1 Propertient 2 ER/Outpetle 27. MANNER OF DEATH 28s. DATE OF INJURY			5 🗆 Residence				
BY P	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	26b, TIME	URY WO	URY AT RK? 'ES 2 \Begin{align*} NO	28d, DESCRIBE HOW IN	JURY OCCURED		
COMPLETED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, a	treet, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,	
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occurre	d at the time date	and place, and due	to the cause(s) and man			
No.	one) 2 MEDICAL EXAMINER: On the besis of examination an						a) and manner on stated	
	290. SHONATURE AND TITLE OF CERTIFIER							
TO BE	J. Kamsay Faval	. W.).	29c, LICENSE NUM	998)	≥ 4 . ((Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		cing s	St. HA	+Crept	W W	1217YD	
	APR 02 1992	Russe		1)!		1 111		

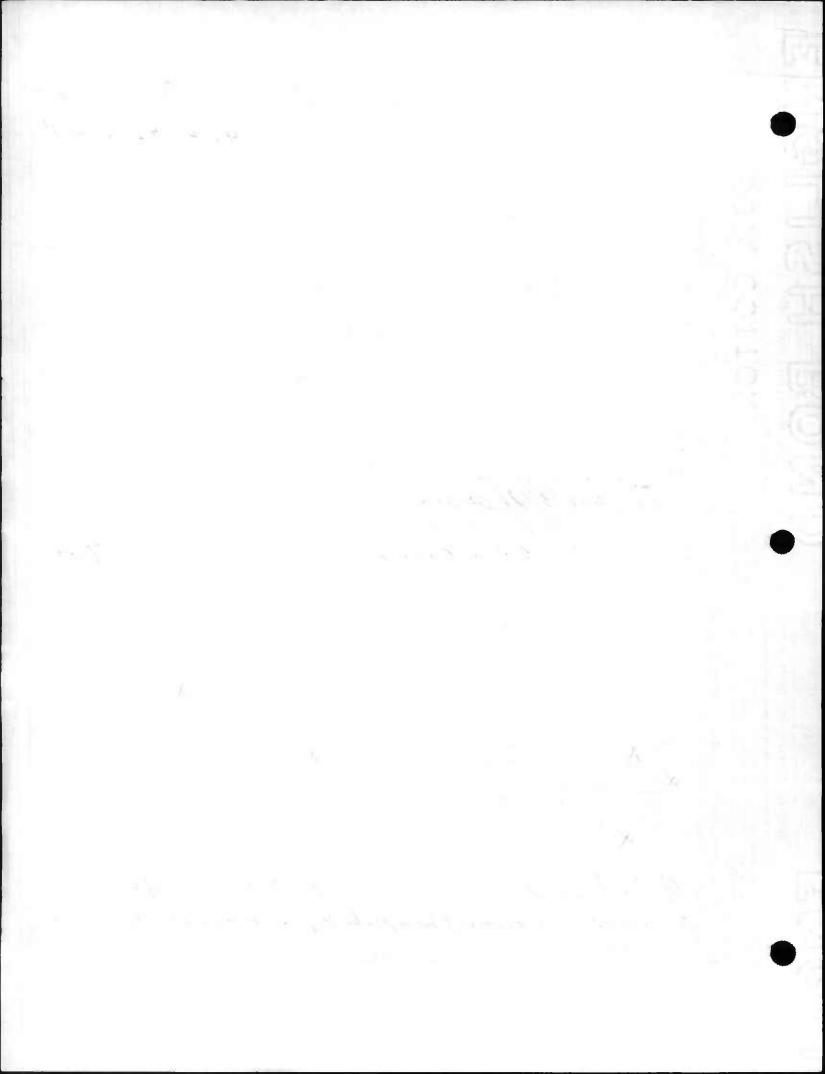
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF	HEALTH AND	MENTAL HYGIEN	IE .	2 10584
1. DECEDENT'S NAME (First, Middle, Last)	DAVID AF	THURT	SMITH		2. DATE OF DEATN	AY / YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		MO	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1.1	BIRTHPLACE (State or Foreign Country)
219-01-7490 9a. FACILITY NAME (If not institution, give	street and number)	1 YRS.		OR LOCATION OF D	JULY 28,	1910	VIRGINIA
	DUNTY HOSPIT			RSTOWN	EATN	WAS	OF DEATH HINGTON
10a. STATE 10b. COUNT			OWN OR LOC				10d. INSIDE CITY LIMITS?
MARYLAND WAS	SHINGTON	HAG	ERST	WN M. ZIP CODE		I to CITIZEN	1 X YES 2 □ NO OF WHAT COUNTRY?
260 HAGER S	TREET			21740		U.S	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 VYES IF YES, GIVE WAR OR DATE	2 NO	If yea, s	CENDENT OF HISPA pecify Cuben, Maxico S 2 X NO Specif	NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) y:	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EO (Specify only highest grad	UCATION 1	6a. DECEDENT'S USI	done durina m	ON ost of working	16b. KINO OF BUS	SINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use re	HANIC		ARMY D	DEPOT	
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)	
DAVID J 19a. INFORMANT'S NAME (Type/Print)	AMES SM		OBECO (Cimal		NOWN Route Number, City or Tow		
GERALDINE E.	SMITH				HAGERSTO		
20a METNOD OF OISPOSITION 1 M Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	LACE AND DATE OF D	ISPOSITION (N	ame of		CATION - City	or Town. State
21. SIGNATURE OF FUNERAL SERVICE LI			1	ND ADDRESS OF FA			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
· R. hoel	Braden		ANDRI	W.K. COF	FMAN FUNER	RAL HOM	E, INC. WN,MD. 21740
23. PART I. Enter the dieaesea, pr shock, pr haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions,	a. DUE TO (OF AS A C	ONSEQUENCE OF):	entar the mo	ode of dying, suc	h sa cerdisc pr reapi	retory arreet,	Approximete Interval Between Onset and Death
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	DUE TO (OR AS A C	DNSEOUENCE OF):					
PART II. Other significant condition SOVE OS	ne contributing to death but	not resulting in the	Red C		Part I. 24s. WAS AN PERFOR 1 TYPES 2	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	ack only one)		
1 TYES 2 NO	1 Inpatiant 2 ER/Outpati		THER: Nursing Non	e 5 Residence	8 Other (Specify)		
27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WC	URY AT DRK? YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURE	D
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide datarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree		- 0.	281, LOCATION (Street a City or Yown, State)	and Number or Ru	rel Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYS	ICIAN: To the best of my knowled	ge, death occurred at	the time, dete	and place, end due	to the cause(e) and man	ner sa stated.	ne(a) and manner as detect
396. SIGNATURE AND TITLE OF CERTIFIE				29c_LICENSE NUM			NED (Month, Day, Year)
1/1/14				D26	806	> 5	130/57
30. NAME AND ADDRESS OF PEREDIT WIT	MO12821	(ITEM 27) (Type, Prin	4/1	Jul 1	ta sprit	6000	W5/2/2
31. APR 02 1992	32. REGISTRAR'S SIGNATU	IRE Rod &			1-1		

THE STREET AND INJURIES THE TAIN INJURY THE TAIN INJURY THE MANTIAL STATUS THE MAN	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last				ICATE O			2. DATE		W /	YEAR	3. TIME OF DEATH
213-60-4402 10 10 2 1	Clara Virgin	ia Sturgi	11						7-/-	-/	72	8:45
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NO. STATE 100. COUNTY NO. COCK 100. CITY, TOWN OR LOCATION 100. RINDER 100. CITY, TOWN OR LOCATION 100. RINDER 100. CITY, TOWN OR LOCATION 100. RINDER 100. CITY, TOWN OR LOCATION 100. RINDER 100. RI	9a. FACILITY NAME (If not institution, give	etreet end number)			9b. CITY, TOW	N OR LOCAT	ION OF DE					
NO. BRIDE NO. BR	559 Muddy Lane			_	E1	kton					eci 1	
MD Cecil Elkton St. 200 Section RESIDENCE OF DECEDENT										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MD Cecil Elkton 19. City one	10e. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
11. MANTERS STATUS 12. WAS DECENDENT EVER IN U.S. ANNED 13. WAS DECENDENT EVER IN U.S. ANNED 14. WAS DECENDENT EVER IN U.S. ANNED 15. WAS DECENDENT EVER IN U.S. ANNED 16. WAS MARKED 17. WAS DECENDENT EVER IN U.S. ANNED 17. WAS DECENDENT EVER IN U.S. ANNED 18. WAS DECENDENT EVER IN U.S. ANNED 19. WAS DECENDENT E	MD	Cecil		I	Elkton							YES 2 NO
11. MARTINE STATUS The Work Married 2 Married 12 was DECEMBERT SYNTH WILL ANNED 17 th 2 \$7.00	10e. STREET AND NUMBER					101. ZIP COI	DE			10g. CITI	IZEN OF WI	HAT COUNTRY?
11. MARTINE STATUS The Work Married 2 Married 12 was DECEMBERT SYNTH WILL ANNED 17 th 2 \$7.00	559 Muddy Lan	6					2192	7 1			T	IC A
Types Specify Class, Market Market		_	VER IN U.S. ARM	MED	13. WAS (17 (Specify Ver	or No.		
Control only highest grade complained Control only highest part of service short games of the stock store during most of working	1 Never Married 2 Married	FORCES? 1	YES 2 TIN	0	If yes,	specify Cub	an, Mexica	in, Puerto I				
Enemeratory@scondary (p-13) Cottage (1-14 or 5 +) HOMEMBLET St. MOTHER'S NAME (Park, Medial, Mariden Surveine) Louella (no info)			16a. DEC	EDENT'S	USUAL OCCUP	ATION		16b	KIND OF BU	SINESS/INC	DUSTRY	
TO THE PART (Part, Michia, Lari) Fig. INFORMANT'S NAME (Part, Michia, Lari) Fig. INFORMANT'S NAME (Part, Michia, Michian Sumanno) A La Mink Solve And Date of Disposition (Marin It grant 2 a Consistion 3 a Removal from State It grant 2 a Consistion 3 a Removal from State It grant 3 a Consistion 3 a Removal from State It grant 4 and Date of Disposition (Marin It grant 4 and Date 2 and Date of Disposition (Marin It grant 4 and Date 2 and Date of Disposition (Marin It grant 4 and Date 2 and Date (Part I and Date 2 a			(Gh	re kind of v	work done during	most of work	dng					
TRANSPORT NAME (Part, Middle, Lari) Granville Weaver Tell Mother's NAME (Part Middle, Maldlen Sumanne) Louella (no info) 199. MAILING ADDRESS (Street and Number or Part Round Number, City or Dam, State, 20 code) Alta Mink 559 Muddy Lane, Elkton, MD 21921 289. NETHOD OF DISPOSITION 199. PLACE AND DATE OF DISPOSITION (Plants) 199. PLACE AND DATE OF		College (1-4 or 5+)										
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That Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	If any, leading to immediate cause. Entar UNDERLYING	b	R AS A CONSEO	UENCE O	F):							
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M. Karkas, D 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. Tarket and Address of Person who completed cause of Death (ITEM 27) (Type, Print)	(Check only											end manner ee stated
	A. Farker	MD	OF OFFICE	1 an 7	64-0	29c. LI	CENSE NU	MBER 14		29d. DAT	TE SIONED	(Month, Day, Year) 92
H. Farkes, MD Northern Chesapeake Hospica, III Howard St., Elkton. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	H. Farkes, mp	Northe	n ch	e sa	people	Hoy	lea	111	House	dst.	, E//	kton. M

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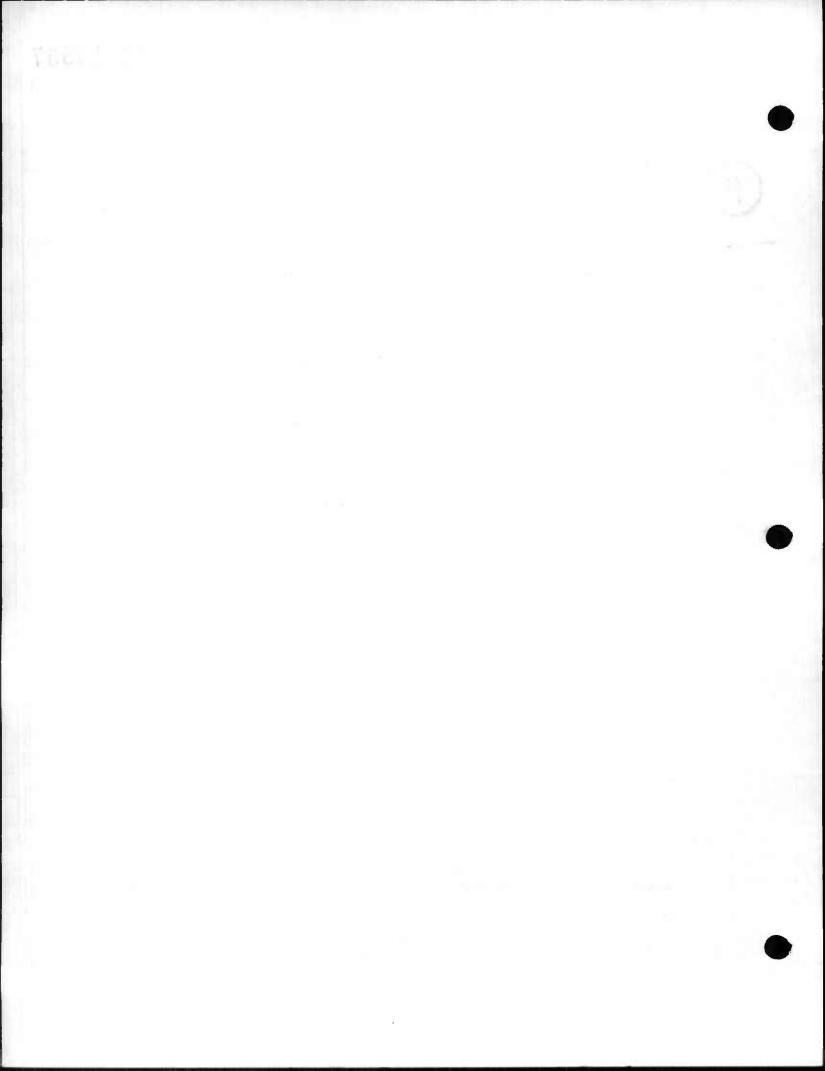
FOR 1 - STATE	STATE OF MARYLA	AND / DEPART					92	10586
1. DECEDENT'S NAME (First, Middle, Last	Orval Schr		CATE OF	DEATH	2. DATE OF MONTH	DAY	YEAR 1992	. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-42-0558	1 X M 2 □ F 81		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	BIRTN	Country)	ACE (State or Foreign Sylvania
99. FACILITY NAME (If not Institution, give Garrett Co. M			ов. city, тоwn Оак 1	and	EATH	9c. C	Garr	
Garrett Co. M RESIDENCE OF DECEDENT 100. STATE 100. Marriad 100. STATE 100.	rrett		TOWN OR LOCA Grants				- 1	0d. INSIDE CITY LIMITS? YES 2 X NO
100. STREET AND NUMBER Route 1, Dors	ey Hotel Rd	•	10	21536		10g. (USA	
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF NISPAN secify Cuben, Mexice 2 X NO Specify	n, Puerto Ric		- 14. RACE - Black, Specify:	American Indien, White, etc. White te
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 3 r d 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of wo	ork done during m retired.)	ON ost of working		arming	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) AS a	Schrock	7 41 1110	<u> </u>		ME (First, Mic	Bender	»)	
190. INFORMANT'S NAME (Type/Print) Melda Opel		1517.7		136, Ac	Route Number,	City or Town, State,	Zip Code) 2152	0
20a. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re 4 Department & Other (Specify)	moval from State	place of disposition of the rry G		metery, cremetory or emetery		ACC id		
21. SIGNATURE OF FUNERAL SERVICE L			Newm	ND ADDRESS OF FA an Fune Main St	ral i	lomes,	P.A.	MD 21536
23. PART I. Enter the diseases, or ahock, or heert feilure immediate CAUSE (Finel disease or condition resulting in death)	e. List only one ceuse on as	edema	ot anter the me					Approximate interval Between Onset end Dasti hours
Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF) CONSEQUENCE OF)	:					
PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ons contributing to deeth bu	ut not resulting in	the underlyin	g cause given in		44. WAS AN AUTOPS PERFORMED?	6	VERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
I Manage 3 Pariging	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT DAK? YES 2 NO		RIBE NOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY	— At home, ferm, strify)	reet, factory, offi	20	28f. LOCAT City or	ION (Street and Num Town, State)	iber or Rural Ro	ute Number,
anal	SICIAN: To the best of my knowl							and menner as stated.
29b. SIGNATURE AND TITLE OF CENTIF				290 LICENSE NUI		29d. C		Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W								
31. DATE FILED (Month, Day, Year)	32. AEGISTRAR'S SIGN				, , , ,			

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1	-	STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATI	E Ur	DEALL		REG. NO					
1. DECEDENT'S NA	ME (First, Middle, Last) OBBIE	BILLY S	TULTZ					MON	F OF DEATH ON TAR 9 1		YEAR 3.	3:00 P M		
4. SOCIAL SECURI	T			. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	_	OF BIRTH		BIRTHPLA	MCE (State or Foreign		
	552-34-0100 1 M 2 F 66 YRS. MONT						HOURS MIN.	.5	VIRG	INIA				
DIF	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN NATIONAL NAVAL MEDICAL CENTER BI									9c. COUNT	NTGOM			
RESIDENCE C	F DECEDENT						THESDA			I HOI	NIGOT.	EKI		
MARYLAN	D FR	EDERICK		10c. CIT	FRE	DERI						d. INSIDE CITY LIMITS? YES 2 NO		
100. STREET AND						_	. ZIP CODE	N OF WHA	T COUNTRY?					
₩ 417 B	ANKSIA DRI	VE					21701			IINT	TED S	TATES		
11. MARITAL STATU	Never Married 2 V Married FORCES? 1 X YES 2 NO							S DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACI res, specify Cuban, Mexican, Puerto Rican, etc.) 14. Blaci						
∑ 3 □ Widowed 4	☐ Divorced		- 19			1 [] YES	2 NO Speci	lly:			Specify:	WHITE		
(S)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL (Give kind of work don life. Do Nive retires.							16	b. KIND OF BUS	SINESS/INDUS	TRY			
Elementary/Second	Elementary/Secondary (0-12) 1 2 College (1-4 or 5+) U · S · NAVY								DEFE	NSE				
2	17. FATHER'S NAME (First, Middle, Last)							AME (First.	Middle, Malden	Sumama)				
UDD	IE TIPTON	STULTZ							IAE CAV					
194. INFOHMANT'S							nd Number or Rural							
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1 & Buriel 2 0	cremation 3 - Remov	el Irom State	cemetery	CE AND DATE	other place)			OA'		CATION — CIT				
	FUNERAL SERVICE LICE	NSEE	Rest	thaven	Mome	NAME A	CANDONESS OF F	ACILITY	13/92	Freder	ick.	Md.		
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010	r the diseases, or co	1	caused the	death Do	not enter	P. ()	Box 18	19,	Freder	ick. N	1d. 2			
shoo	k, or heart fallure. Li	st only one caus	e on eech	line.	not enter	the mo	de of dying, sai	JII MM COI	diac or reapi	ratory arrea	ιι,	Approximata interval Between		
iMMEDIATE CAU disease or cond resulting in deat	ition		END 9	STAGE	TTVE	דת פ	CEACE					Onset and Death		
resulting in deal	т) г ш.	OUE TO (C		SEQUENCE O		N DI	JEASE							
Sequentially list	conditions, b.	DUE TO 16												
Sequentielly list If any, leading to cause. Enter UN CAUSE (Disease that initiated eve resulting in deel		DOE 10 (C	UH AS A CUR	ISEQUENCE O	IF):									
CAUSE (Disease that initiated eve		DUE TO (C	OR AS A CON	SEQUENCE O	PF):									
that initiated every resulting in deel	h) LAST			_										
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2 Accident 3 Suicide	Investigation 6 Could not be	28e. PLACE OF	INJURY — A	t home, ferm,	street, faci			281. LO	CATION (Street a	and Number or	Rural Route	Number,		
□ 4 Homicide	detarmined	bulleing, at	tc. (Specify)					City	or Town, State)					
29s. CERTIFIER (Check only	CERTIFYING PHYSICI	AN: To the best of m	ny knowledge	, death occurr	red at the t	lme, data	and place, and du	to the ca	use(s) and man	mer sa stated.				
29s. CERTIFIER (Check only one) 2	MEDICAL EXAMINER:	On the beels of axa	mination and	l/or investigation	on, in my o	pinion, d	eath occured at the	time, dat	a and place, an	d dua to the o	cause(a) an	d manner as stated.		
Check only 1 one) 2 29b. SIGNATURE AN	D TITLE OF CERTIFIER		.0				29c. LICENSE NU	MBER		29d. DATE S	IGNED (Mo	onth, Day, Year)		
O Clar	9, me 1	Tuckes !	HJ				14710			De.	AR .	10, ASX		
30. NAME AND ADD	RESS OF PERSON WHO			ITEM 27) (Type	, Print)		NATIONA					ER		
ALAN E	. MCLUCKIE	, LT, MC	, USN	E			BETHESI)A, M	D 2088	9-5000)			
MΔF	1 3 1992	Julia Lavis	dson-R	indelle										



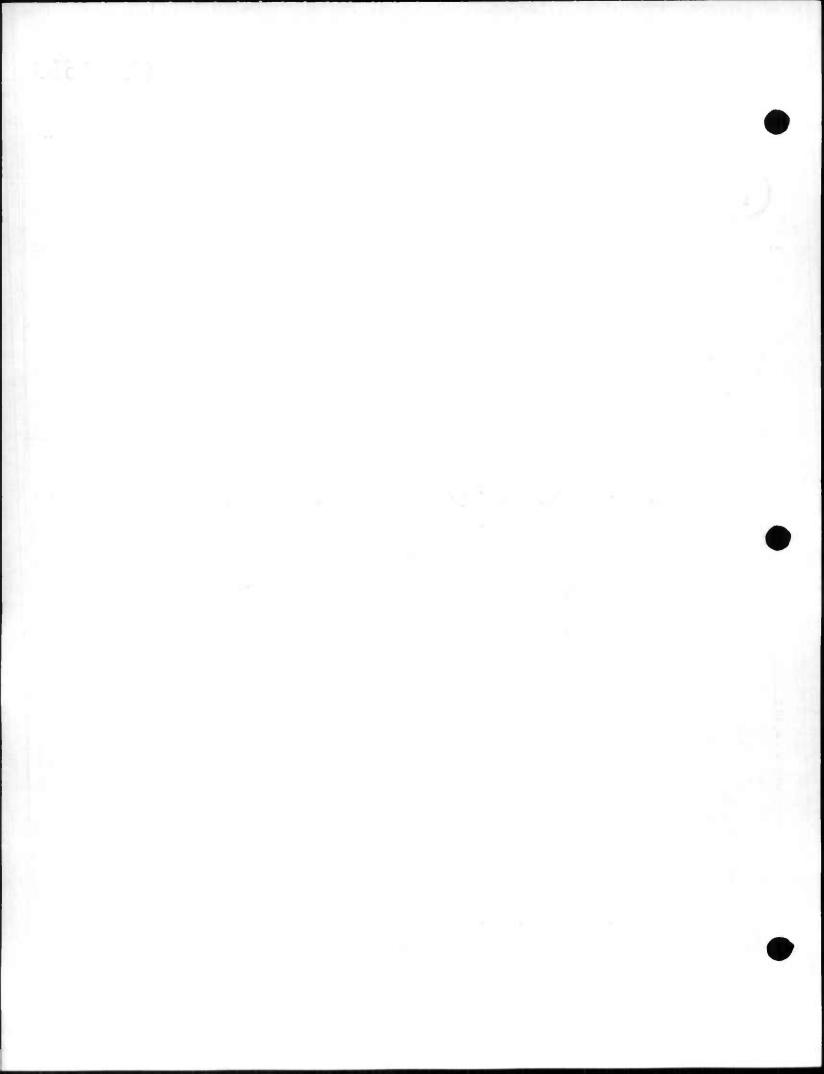
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit pe be filled within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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								92	105	88		
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH	4		
		LAN		URTO		03 08		2	10:45	Ам		
	212-68-9774	NOXM 2 □ F	yrs. last birthday) 28 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 22, 19		8. BIRTHPLACE (State or Foreign Country) Maryland				
TOR	9a. FACILITY NAME (II not institution, give street 56 Main Street FREDFRICK MEMOR- RESIDENCE OF DECEDENT	20.000	AL	New Mar	or location of de rket ++6-K	ATH	FRED					
DIRECTOR	10s. STATE 10b. COUNTY	erick	10c. CITY	ew Marke					10d. INSIDE CITY LIMITS7	NO.		
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZI		HAT COUNTRY?	10		
ER/	56 Main Street				21774		II	S.A				
BY FUNERAL		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPAN	IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		4. RACE	— American India White, etc.	n,		
0	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDU	STRY				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Laborer Contracto:											
S	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAI	ME (First, Middle, Malden						
BE	Angelo V.	SCURTO			Ruth	Virgin	ia	Scl	heel			
10	196. INFORMANT'S NAME (TyperPrint) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Ruth V. Scurto P.O. Box 34, New Market, Maryland 21774											
	20s. METHOD OF DISPOSITION 1,□ Burlel 2 □ Cremation 3 □ Remove	20b.	PLACE AND DATE O	F DISPOSITION (Na			CATION — CI					
	4 Donation 8 Other (Specify)	Mc	ount Oli	vet Ceme	etery 3/	12/92 Fr	ederio	k. I	Maryland	1		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE				ord P.A.						
	Allan A	Kuby N	100703	106 I	East Chur	ch St. F	rederi	or uc	MD 2170	11		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.								Approxima interval Be Onset and	tween			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other aignificent conditions	PERFOR			WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?	NUSE						
ž												
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28, PL	ACE OF DEATH (Che	ck only one)						
YS	1 X YES 2 NO 1	☐ Inpatient 2X1XR/Outpa		4 - Nursing Hom	e 5 🗆 Residence							
ВУ РН	Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 1	PES 2-PFO	28d. DESCRIBE HOW INJURY OCCURED						
ETED	3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPL		N: To the best of my knowle On the basis of examination							and menner as ste	Hed.		
	296. SIGNATURE AND TITLE OF CERTIFIED	111			29c. LICENSE NUM				Month, Day, Year)			
) BE	of the	1, un			O.C.M.	Е.	▶03					
10	30. NAME AND ADDRESS OF PURSON WHO C	COMPLETED CAUSE OF DEAT						212				
	31. DATE FILED (MORIT, Day, 1807) MAR 1 1 1992 32. DEGISTRAR'S SIGNATURE Juha Davidson-Randale											

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mector.		must
futherisk di		examiner
All Ad or D	or remove	medical
npietely line	cremation,	vent, the
ician and coi	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or immoral.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
ending pmys	Il Hygiene pi	or other
ny the att	nd Menta	injury,
signed b	Health ar	ws any
as peen	Dept. of	23 sh
mcare n	State	r item
mis cert	with the	ked, o
ATTE	death	28 is marked, o
Ę	afte	82

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, LI ERNEST MCI		ANGLER						2. DATE OF D	DEATH	52	3. TIME OF DEATH 1100 A M		
	4. SOCIAL SECURITY NUMBER 214-10-5675	5. SEX 1 🔀 M 2 🗌 F	VRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 6-14-1918			Country)	t Virginia		
OR	90. FACILITY NAME (If not institution, g Meridian Nurs:		9b. CITY,		n LOCATIO deri	ON OF DEAT	TN		9c. COUNTY	100	rick			
SECT							ION					1	IOd. INSIDE CITY	
L DI	Maryland Fre												LIMITS?	
FUNERAL DIRECTOR	916 Seminole I				101.	ZIP CODE	701			10g. CITIZEN OF WHAT COUNTRY U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 X Married FORCES? 1 YES 2					ENDENT O	F NISPANIC n, Mexicen, Specify:	ORIGIN? (Sp Puerto Rican	ecify Yes , etc.)				
COMPLETED	15. DECEDENT'S (Specify only highest g Elementery/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5 -	(Gh	ECEDENT'S USUAL OCCUPATION The kind of work done during most of working DO NOT use retired.) Fed. Gov t Emp.							iness/indus	TRY		
COM	17. FATNER'S NAME (First, Middle, Last)						16. MOTH		E (First, Middle	, Maiden S	Surneme)			
B	Gus M. Spangle	r	100	MAILING	ADDRESS	(00			e Mae					
5	Mrs. Helen I.	Spangler	180						ederi					
	20g METHOD OF DISPOSITION 1 → Buriel 2 □ Cramation 3 □ # 4 □ Donation 5 □ Other (Specify)	lemovel from State	20b. PLACE A	ND DATE	of Disposi	uthe	neof	Cem.	DATE 20c. LOCATION — City or Town, State Frederick Co. Md.					
	22. SIGNATURE OF THE BLAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ROBERT E. DAILEY & SON FUNERAL HOMES, 1201 N. Market St. Frederick, Md. 2170													
	23 PART I. Enter the diseases, shock, or heart failu	or complications ha	t grused the des	th. Do r	not enter	tha mod	le of dyl	ng, such	ae cerdiec	or respir	atory arrea	,	Approximate interval Between	
	MMEDIATE CAUGE (FI-1)											Onset and Desth		
NOI	disease or condition resulting in death) e. ARCINGHA & F THE Colon + Lung cutt 1921 Due to (or as a consequence or): Liver hetastasis b. Due to (or as a consequence or):													
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Diseese or Injury that initiated events	G	(OR AS A CONSEC											
ERTI	resulting in deeth) LAST	d												
CALC	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
PHYSICIAN: MEDIC	1 TYES 2X NO COMMOF DI										MAILABLE PRIOR TO COMPLETION OF CAUSE IF DEATN? YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL	- [28, PLA	ICE OF DE	ATH (Check	k only one)					
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		□ DOA	OTHER 4 Mursi		5 🗆 Res	sidence 6	Other (Spe	olfy)				
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation		sy, Year)		M M		RY AT BK? ES 2		ed. DESCRIB	E NOW IN	JURY OCCUR	€D		
2 Cutation - 286 PLACE OF INJURY - At home form street testant atting									Rural Rou	ite Number,				
COMPLETED	2 MEDICAL EXAM	YSICIAN: To the best of si										use(e) e	nd manner as stated.	
H	29b. SIGNATURE AND TITLE OF CERTI	FIER /	0	1	0			105					fonth, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON GEORGE I. SMIT					h Ce				1 -				
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	B'S SIGNATURE	wes	95	n St	reet	Fre	ederic	k, M	laryla	nd 2	21701	
	MAR 0 6 19	92 Julia Da	114dson-Man	dell										



TO BE COMPLETED BY FUNERAL DIRECT

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	뿔	里	Poll	HO
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detacted	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	-		_	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		STATE OF	MARYLAN	ID / DEPAR					MENT	AL HYGIE	I.C.	2	10590
1. DECEDENT'S NAME (First,	, Middle, Last)						DEA		2. DAT	E OF DEATH	0.		3. TIME OF DEATH
ODESSA PAU	LINE	SNYDER							Mar	ch 26,	199	2 YEAR	7:05 A M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	rs. leet birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	TE OF BIRTH 8. BIRTH			HPLACE (State or Foreign
235-52-7490)	1 M 2 A F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec	1th, Day, Year) 28	909	Coun	Va.
9a. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
Garrett Cou		emorial H	lospit	al	C	akl:	and				Ga	rret	t
10e. STATE	10b. COUNT	Y		10c, CIT	Y, TOWN C	R LOCAT	TION						10d, INSIDE CITY
W. Va.	Hamp	shire		_	ney								LIMITS?
10e. STREET AND NUMBER						101	. ZIP CODE	_			10g. CIT	IZEN OF	WHAT COUNTRY?
Depot Stree	t Apt.						2675	57			U	SA	
11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S, ARMED FORCES? 1 YES 2 NO						ENDENT O	F HISPA	NIC ORIG	IN? (Specify Your Rican, etc.)	es or No-	14. RAC	E — American Indian,
3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATE	8		YES	2 X NO	Speci	ily:	rsicall, etc.)			White
15. DEC	EDENT'S EDU	CATION	16	a. DECEDENT'S	USUAL O	CCUPATIO	DN .		16	b. KIND OF BI	ISINESS /IN	<u> </u>	
(Specify only Elementery/Secondary (0	y highest grade	College (1-4 or 5		(Give kind of v life. Do NOT us	vork done (e retired.)	during mo	st of workin	ng	"	o. KIND OF BI	JOINESS/IN	DUSTRY	
12	,	College (1-4 cli 3		Deputy	Coun	ty (Clerk			Govern	ment		
17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTH	HER'S N	AME (First	Middle, Maide	n Sumama)		
Marshall W	ashing	ton Sny	der				Lev			delia	,	ver	
194. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS	(Street e	nd Number	or Rural	Route Nue	nber, City or To	wn State 7	n Codel	
Lester Sny	der			811 I						ney, W			757
20e. METHOD OF DISPOSITI			20b.PL	ACE AND DATE O					OA.		OCATION —		
1 Transition 1 Department 1 Transition 2 Cremetion 2 Other	n 3 ☐ Reme (Specify)	oval from State		e 1s Cen					1		vels		
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			-		D ADDRES	SS OF FA					
Kalut	14/1	Lunt	- M	00167		151	C T		1	77 -			ain Street N. Va. 26757
Interval Between Onset and Deat disease or condition resulting in death) Congestive Heart Failure Due to (or as a consequence of): Atherosclerotic cardiovascular disease pue to (or as a consequence of): Atherosclerotic cardiovascular disease Due to (or as a consequence of):													
	-	1											
chronic renal failure chronic renal failure performeD? 1 □ YES 2 № NO performeD? 1 □ YES 2 № NO							WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF DE	EATH (Ch	eck only o	ne)			
1 YES 2 NO		HOSPITAL:	ER/Outpaties	nt 3 🗆 DOA	OTHER	1:	5 🗆 Rec						
27. MANNER OF DEATH		28e. OATE OF	INJURY	28b. TIME	OF	28c. INJ	URY AT	-1001100		SCRIBE HOW	INJURY OC	CURED	
	Pending nvestigation	(Month, D	er rear)	INJ	M	1 Y	RK? 'ES 2 🗌	NO			-/- CART E		
3 Suicide 8 C	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, etreet, factory, office 28f. LOCATION (Street and Number or Rural Route Number, building ste (Specific)									Route Number,			
290. CERTIFIER													
(Check only	CAL EXAMINE	CIAN: To the best of	my knowledge camination en	e, death occurre	d et the fli n, in my op	me, date oinion, de	end place, eath occurs	end due	to the ce	use(e) and me e end place, a	nner ee atal	led, ne ceuse(e	e) end manner ee etated.
296. SIGNATURE AND TITLE	and the second second second	Cal Cal					29c. LICEI						(Month, Day, Year)
11/10/16	1011	lum	in	MD				2575					26, 1992
30. NAME AND AODRESS OF	PERSON WHO	COMPLETEO CAUS	E OF OEATH	(ITEM 27) (Type,	Print)								
Walter K. Na	umann	M.D.,				20							210
MAR 2	6 1992	32 REGISTRA	R'S SIGNATUR	Double.									

to Mederal

TO BE COMPLETED BY FUNERAL DIR

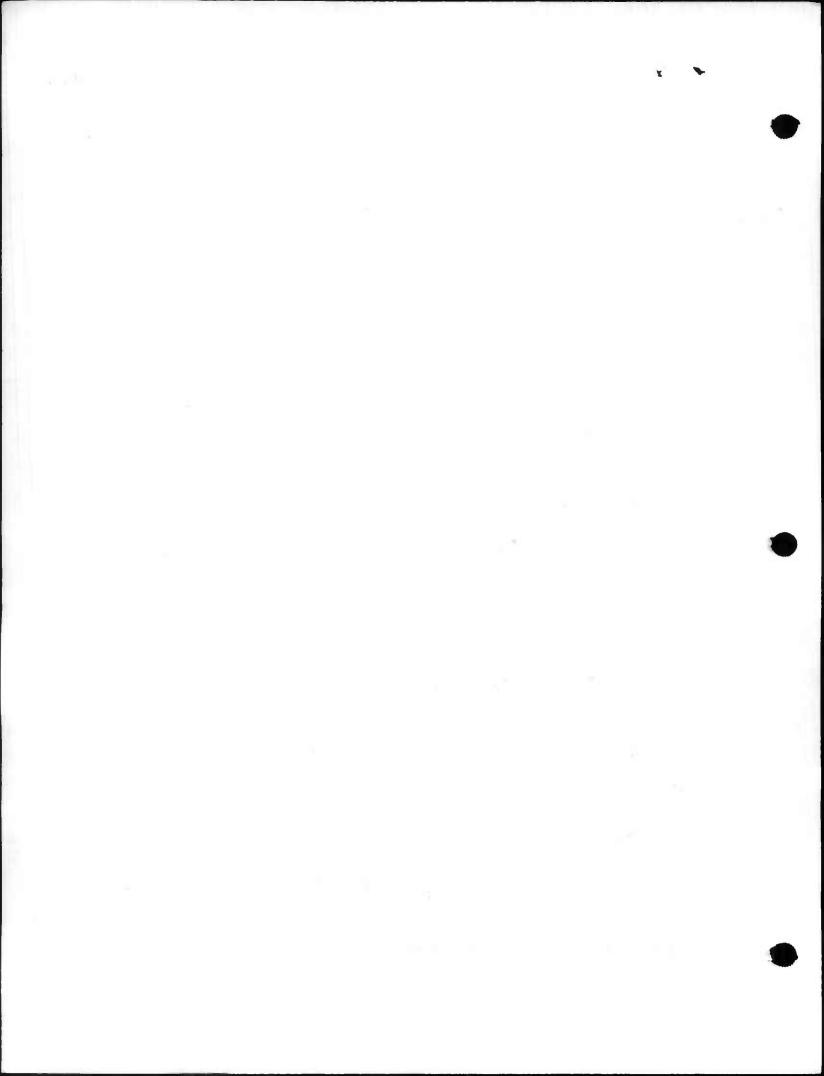
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

1 -	STATE REGISTRAR
-	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	• • • • • • • • • • • • • • • • • • • •	CERTIF	ICATE O	F DEATH	REG. NO).			
1. DECEDENT'S NAME (First, Midd	fie, Last)				2. DATE OF DEATN MONTH	DAY	YEAR 3	. TIME OF DEATN	
Hester	Dudley Sco	h + +			mo	$\tilde{2}_{2}$, 1	1992	1:30	ΑM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year)		B. BIRTHPL Country)	LACE (State or Fore	sign
214-18-447	5 1 M 2 X F	89 YRS.	MONTHS DAY	B HOURS MIN.	08/26/0	2		cyland	
9s. FACILITY NAME (If not institute	on, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE			NTY OF DEA		
Rt. 2 Box	101		Roc	k Hall		I	Kent		
10e. STATE 10b.	COUNTY	10c. CI	Y, TOWN OR LO	CATION			1	IOd. INSIDE CITY	
Maryland	Kent]	Rock	Hall			1	YES 2 X	10
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITI	IZEN OF WH	AT COUNTRY?	
Rt. 2 Box	. 101			21661		U.	S.A.		
11, MARITAL STATUS	EODOFFC .	T EVER IN U.S. ARMED		DECENDENT OF HISPAI specify Cuben, Mexico	NIC ORIGIN? (Specify Y	es or No—	14. RACE Black,	- American Indian White, atc.	٦,
1 Never Married 2 Merri 3XXWidowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		ES 2 NO Specifi			Specify:	Black	
15. DECEDEN (Specify only high	IT'S EDUCATION lest grade completed)	16a. DECEDENT'S	USUAL OCCUPI	ATION most of working	16b. KIND OF B	USINESS/INC	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	We Do NOT :	ise retired.)	Thousand the state of the state					
8th		Domes	stic		Naple	Gre	en	Farm	
17. FATHER'S NAME (First, Middle,	Last)			18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
Emmanue1	Dud1ey			Sar	ah We	sley			
19s. INFORMANT'S NAME (Type/P.	rint)	19b, MAILIN	ADDRESS (Stre	et and Number or Rural	Route Number, City or R	wn, State, Zip	o Gode)		
Rowena Bro	wn	228			<u>lattapan</u>	Mas	ss.	02126	
20e. METNOD OF DISPOSITION DENSITY OF DISPOSITION 3	Removal from State	20b. PLACE OF DISPO	SITION (Name of	cemetery, cremetory or	20c. I		City or Town		
4 Donation 5 Other (Spec	olfy)	Sha	arptow	n Cemete	ery R		Ha11.		
21. SIGNATURE OF FUNERAL SEI	Perkins				kins Fu BRock				,
23. PART I. Enter the disease		at caused the death. Do						Approxima	
	fallure. List Dnly Dna ca					-		Interval Be	tween
Sequantially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	(OR AS A CONSEQUENCE O							
PART II. Other significant c	anditions contribution to	doeth but not reculting	In the underly	ulne seuse shien In	Boots 240 WAR	N AUTOPSY	245.1	WERE AUTOPSY FIN	unmoe
PART II. Othar significant c	onditions contributing to	death out not resulting	1111 +	ying cause given in		ORMED?		AVAILABLE PRIOR T COMPLETION OF C	01
	navere	a trues	1000	W/ //186	1 🗆 YES	2 NO		OF DEATH?	NUGE
				·	— I		1	1 YES 2 N	ю
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		OTHER:	L PLACE OF DEATN (C)	heck anily one)				
1 U YES 2 NO	1 🗆 Inpatient 2	☐ ER/Outpetient 3 ☐ DOA	4 - Nursing i		8 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pend	28s. DATE O (Month,	F INJURY 28b. TI Day, Year) IN	IJURY	INJURY AT WORK?	26d. DEŞCRIBE HOV	INJURY OC	CURED		
	itigation			YES 2 NO			-		
3 Suicide 8 Coul	d not be building	OF INJURY — At home, farm, , stc. (Specify)	street, factory, o	offics	281. LOCATION (Street City or Town, Ste		ir or Rural Ro	oute Number,	
CONSTRUCTION OF THE PARTY OF TH	NG PHYSICIAN: To the best of EXAMINER: On the basis of							and manner as st	ated.
29b. SIGNATURE AND TITLE OF	CERTIFIER	A Make	(M)	29c. LICENSE NU	IMBER /	29d. DAT	TE SIGNED ((Month, Day, Year))
30. NAME AND ADDRESS OF PER	RSON WNO COMPLETED CA	JSE OF DEATH (ITEM 27) (Tyr.	ea. Print)	shop =	- l- 0	00-	loal.	. m.l	7//
31. DATE FILED (Month, Day, Year)	#. pegisys	Ah's SIGNATURE WISSON-Handelle	210 U	<u>ushin</u>	gran Hue	MQS	#C170U	NUTIC	del
MAR / フ 34	frenc sa	NI MOOLY-Marketon							



BALTIMORE, MARYLAND 21203-3146

	FOR STATE REGISTRAR	STATE OF N	IARYLAND /		TMENT					HYGIENI REG. NO.	E	92	10592
	1. DECEDENT'S NAME (First, Middle, Last)					-		1	2. DATE OF				3. TIME OF DEATH
	Lillian M. Smi	ith							MONTH	DA		YEAR	
		SEX	6. AGE (In yrs. lesi	t hirthday)	IF UNDER 1	VEAR	# UNDER	24 MRS	7. DATE OF	ВІЯТН		9.2	4 : 0 0 P TOPIGN
		□ M 2 XF	M 2 VF GO VRS MONTHS DAYS HOURS MIN.							Day, Year)	- 1	Country)
*		11101					3-19	-24			lorado		
11	9a. FACILITY NAME (If not institution, give street				9b. CITY, 1			ON OF DE	ATH		9c. COU	NTY OF DE	EATH
Æ	Berlin Nursing	Home			Be	erl	in					Vorc	ester
10	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON						10d. INSIDE CITY
DIRECT	Del. Sus	sex		1	Betha	any	Ве						1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 23 Kent Avenue	1					zip cod 1 9 9 :					ISA	HAT COUNTRY?
I Z		. WAS DECEDEN	T EVER IN U.S. AR		13, W	_			IIC ORIGIN?	Specify Yes			- American Indian,
	1 Never Merried 2 Married	FORCES? 1	YES 2 N	10	H H	yes, spec	offy Cube	n, Mexical Specify	n, Puerto Ric	an, atc.)		Black, Specifi	, While, atc.
B	3 Widowed 4 Divorced	11 120, 0112 1	AN ON ORIES		1	169	- Selico	арвину	, .				White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use retired.)												
1 2	The second of the frequency of	College (1-4 or 5	.)		nstre	ess				C10	thir	າຕ	
COMPLET	12					T						19	
5 3	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mic	V	Sumama)		
E E	Leo P. Mares		T-S						01g	-			
2	19a. INFORMANT'S NAME (Type/Print)		198	b. MAJLING	ADDRESS ((Street an	d Numbe	r or Rural F	Route Number	City or Town	n, State, Zip	> Code)	
	Norman R. Smi	th_							hany	Rea	ch,	De 1	19930
5	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal	I from State	20b. PLACE other pla		SITION (Nam	e of cem	etery, crer	metory or		20c. LO	CATION -	City or Ton	wn, State
	4 Donetion 5 Other (Specify)	-/	S	ali	sbury					Sa	lish	nury	. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIDENS	9// /			22. N	AME AN	DADDRE	SS OF FA	CILITY			_	
NA NA	► John 1111				UJ	llr	ich	Fun	eraL	Hom	e F	3er1	in, Md.
3	23. PART L'Enter the diseases, or com	plications the	t caused the de	eth. Do	not enter t	he mod	le of dy	ing, auc	h as cerdis	c or map			Approximate
	shock, or heart failure. List	t only one cau	ise on each line),			,						interval Between Onset and Daath
	IMMEDIATE CAUSE (Finel disease or condition	C -		7	11 2	Ъ.	. 1	1	h	4			Onset and Death
2	resulting in death) s	39V	(OR AS A CONSE	Cc	11	in	6/1		un	4.			25
200		DIUE TO		1	(F):	16	3			-			77
E E	Sequentially list conditions, b	CV		re!	w	ue	7	>					
	If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE C	2 - 0	r	1_	10	, , +	111	60	7-1	3 -
2	cause. Enter UNDERLYING CAUSE (Disease or Injury			Y	ne	u	,-		65+) /-
	that initiated events resulting in deeth) LAST	3 . ((OR AS A COUSE	DUENCE C))	0	10		12	nt		10	16
CERTIFICATION	d	123	1710	1	Mp	ev	00	20	10	17) - L L	7	10
	PART II. Other algnificant conditions of	contributing to	death but not r	esuiting	in the und	teriving	Cause	given in	Part I.	4a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
any I	Crp-									PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	102115	1							— I	YES 2	l No		OF DEATH?
	BIUD								- 1				1 YES 2 NO
3 3													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHER		ACE OF 1	DEATH (Ch	eck only one)				
XS.		1	ER/Outpatient 3	_	4X Nursi		5 🗆 R	lesidence	8 D Other				
표	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, L		28b. TII	JURY	28c. INJU WOI	RK?		28d. DESC	RIBE HOW	NJURY OC	CURED	
B A	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 [□ NO					
	3 Suicide 8 Could not be	28e. PLACE (building	F INJURY A1 ho atc. (Specify)	oma, ferm,	street, fecto	ry, office				TON (Street Town, State)		r or Rural F	loute Number,
TED	4 Homicide determined												
COMPLET	29a, CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best o	l my knowledge, de	eth occur	red at the tin	ne, date	and plac	e, and due	to the caus	e(s) end ma	nner as sta	rted.	
= ×	(Check only one) 2 MEDICAL EXAMINER: C) and manner as stated.
	29b. SKIRTURE AND TITLE OF CENTIFIER		_										
	250. Shanking The Grant Control	25	2			1		ENSE NUI			29d, DA		(Month, Day, Year)
2		201101	/	n4 o=	0.1			D020	120			3-3	1-92
	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAU	SE OF DEATH (ITE	N 27) (Typ	e, Print)								

es, MD 1622A Oc 32. REGISTRAR'S SIGNATURE Julia Davidson-Randell

Ocean Pines

Berlin, Md, 21811

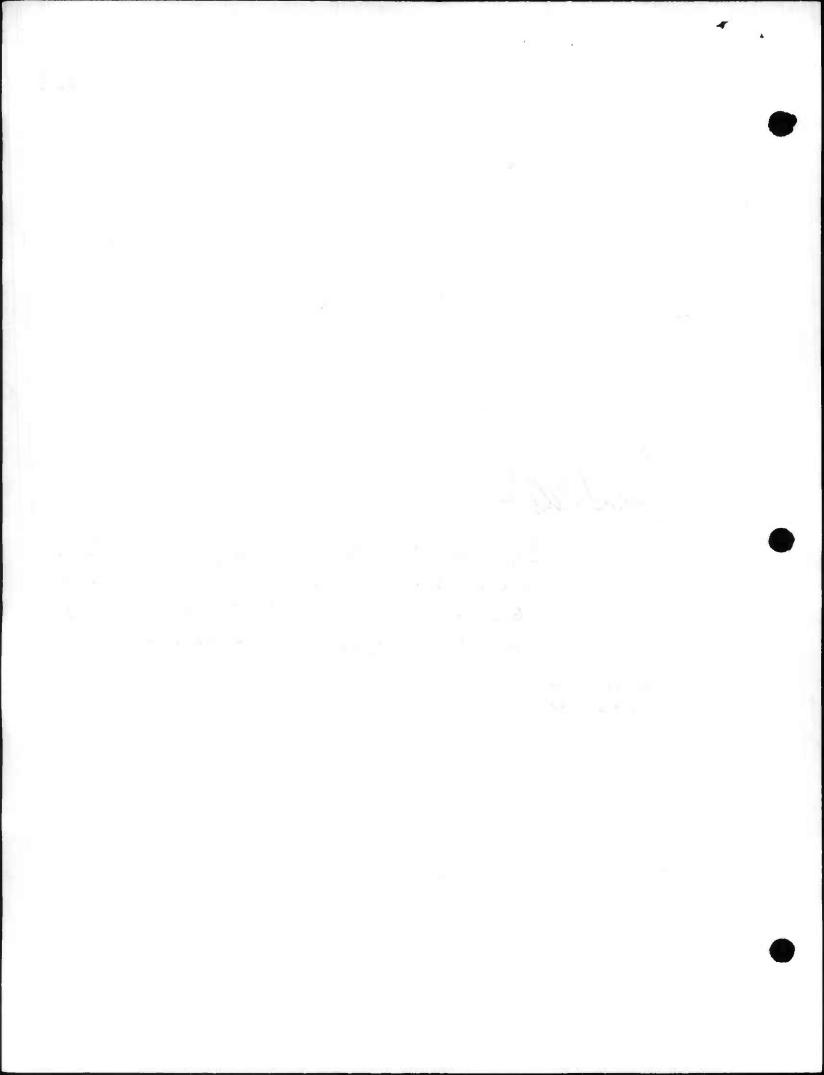
Frederico

'97

31. DATE FILEO (Month, Day, Year)

APR 1 '97

Arthes,

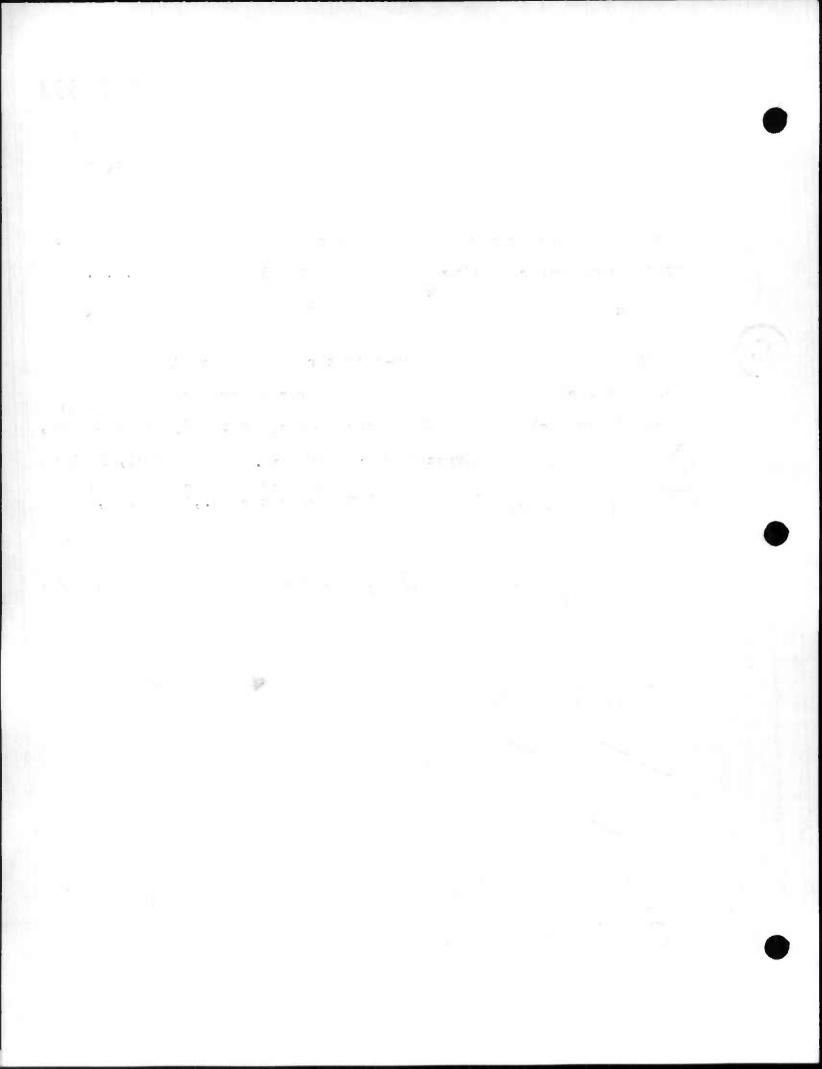


BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the	ed in by the funeral director, page 5 should be	or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by my	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be attending	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT. Il item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

the burial-transit permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIENI	92	10593
		R. THOMP				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	214-05-1067	□M2XF 83	YRS. MO	UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	THPLACE (State or Foreign ntry) ichigan
тов	Anne Arundel Med		91	^	-Polis	EATH	Anne	Arundel
DIRECTOR		Arundel		10d. INSIDE CI LIMITS? 1 YES 2 [
FUNERAL	10e. STREET AND NUMBER 3310 River Cres 11. MARITAL STATUS		S . A .					
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR OATES	™ NO	If yes, spi	ENDENT OF HISPAI ecity Cuban, Maxica 2 X NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	Spe	CE — American Indian, lock, White, etc. hite
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)	(ION 16a Give kind of work (Gove kind of work the Do NOT use re	done during mos	N if of working	16b. KIND OF BUS			
JMC	1.2 17. FATNER'S NAME (First, Middle, Last)		Owner-c	perat		Beau ME (First, Middle, Maiden S	ty Sal	on
BE C	Leon Straubel					Straube		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street a		Route Number, City or Town		22041
-	Gerald Straube							s Church,
	20a. METNOD OF DISPOSITION 1	from State	CE AND DATE OF D	nlecel			CATION — City or	
	25. SIGNATURE OF FUNERAL SERVICE LICEN		tal La	22. NAME AN	th Cem	CILITY	ikiort,	Michigan
	tour Oil of	tuter				cal Chape		1401
	23. PART I. Enter the diseases, or con	nplications that caused the	desth. Do not	enter the mod	LOUCES 1 de of dying, suc	er St. A	nnapol:	Approximate
	shock, or heart fallure. Lie IMMEDIATE CAUSE (Final disease or condition reculting in death)	t only one ceuse on each	line.					Interval Between Onset and Death 2 days
TION	Sequentially list conditions, if any, leading to immediate	OUE TO (OFF AS A COP Severe OUE TO (OFF AS A COP	NSEQUENCE OF):	phys	ema			10 yrs
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet inlitieted events resulting in death) LAST	DUE TO (OR AS A CON	NSEQUENCE OF):					
	PART II. Other significent conditions of	contributing to death but n	of resulting in t	he underlying	ceuse alven la	Part I. 24s. WAS AN A	uranav I a	
PHYSICIAN: MEDICAL	Sick Sinus Amerischen	syndrum rusis	œ.	and distance of the second	couse given in	PERFORM	MED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?	OSPIPAL:		THER:	ACE OF OEATN (Ch			
并	27. MANNER OF DEATN	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	28c. fNJU	RY AT	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUREO	
BY	1 Netural 5 Pending 2 Accident Investigation		INJURY	M 1 7	ES 2 NO			
	3 Suleide 8 Could not be determined	26s. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stree	t, factory, office		281. LOCATION (Street an City or Town, State)	id Number or Rural	Route Number,
COMPLETED		N: To the best of my knowledge On the basis of examination and						(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ment			29c. LICENSE NUN	ABER 165	29d. DATE SIGNE ▶ 3/2	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	- Friend	205	"Ridge	ely A	a Ano	polis.	m/-
	MAR 3 0 1992 Such	32. REGISTRAR'S SIGNATURE	الله الله			-22	0	21401



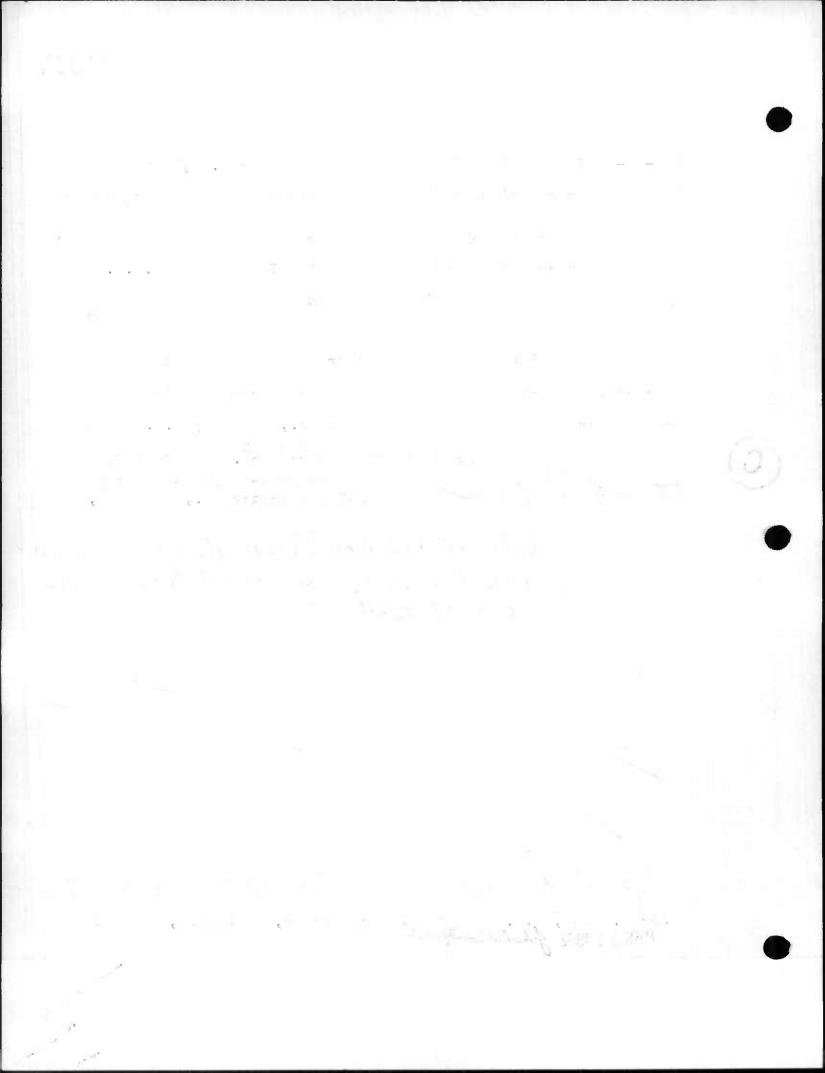
be intained by the hospital or attending physician. **DRE, MARYLAND 21215-0020** TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICALI	E OF	DEA	I H		REG. NO.			
B	1. DECEDENT'S NAME (First, Middle, Last) EMILY C[JL	LEN	TAYL	OR					2. DATE O			YEAR 192	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	_	7. DATE O		/ 13	_	HPLACE (State or Foreign
	214-38-1315	1 M 2 K F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	191:	Count	
ò	9a. FACILITY NAME (If not institution, give si		9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	100000	9c. COU	NTY OF	DEATH		
DIRECTOR	1008 Old Turke	y Point	Road			Edg	ewat	ter			An	ne A	rundel
	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
Dia		e Arund	el	1	Edge								LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1008 Old Turke	v Point	Road			101	2] (S . A	WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDEN		ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN7	(Specify Yes			
B	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2]	⊠ NO		If yes, sp	2 NO	n, Mexican	n, Puerto Ri	can, etc.)		Spec	E — American Indian, k, White, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a,	DECEDENT'S					16b.	KIND OF BUS	SINESS/INI		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	(Give kind of life. Do NOT u.	work done se retired.)	auring mo	st or workir	ng					
4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 ±	<u> </u>	P	eac	hor				Educ	2+1/	2 22	
8	17. FATHER'S NAME (First, Middle, Last)				cac	HEL		HEO'S WAL	ME /Eine M	ddle, Maiden		311	
BE CO	Frederick Cul	len					ľ			Cur			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street e	nd Number	or Rural R	Route Numbe	r, City or Tow	n, State, Zij	o Code)	
2	Fred Taylor		314(32)	3700	For	est	Dr.	. Co	lumb	ia.	S.C.	. 29	204
	20a. METHOD OF DISPOSITION	-05 -07 -60-0	20b. PLA0	CE AND DATE	OF DISPOS	SITION (Na					CATION -		
	1 🗵 Burial 2 🗆 Cremation 3 🗆 Remo	- 0	Lay o	Memo	ria	1 C	hurc	ch C	em.	Ed	gewa	ater	, MD
- 1	21. BIGNATURE OF FUNERAL SERVICE LIC	ENSEE	//	_	22.	NAME AN	D ADDRE	SS OF FAC	CILITY	Chap	- 7	07.4	0.7
	Tonald X	Just	n		1	47	Glou	ices	ter	St	Anna	foge	is,MD
Ī	23. PART i. Enter the diseases, or c	omplications the	caused the	death. Do	not enter	the mo	de of dy	ing, euch	h ee cardi	ec or reepl	ratory an	rest,	Approximate
- 1	shock, or heert feliure.	Liet only one ceu	ee on eech I	ine.	1. A	•	4				^		Onset and Deeth
- 1	disease or condition	Bent	Kit	*	1,1	1001	1/		0	+:	1) 8	1
H	resulting in death)	A CHE TO	IN AS A COM	SECULENCE O	MARY	bu		ww	xen	stin	4 10	un	6 Mac
_	22	0.1	+	+ l	000	110	1	- V	h	a.t	8		1 100
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OH AS A CON	SEQUENCE OF	Pi I	(W)	70	1 1	ju		w	Ver	ryc
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury	Cone	er of	Vh	out		V						
Ē	thet initiated events	DUE TO	OR AS A COM	ROUENCE OF	Pi T								
	resulting in death) LAST		V										
EDICAL	PART il. Other eignificent condition	e contributing to	deeth but no	ot resulting	in the ur	nderlying	cause (given in I	Part I.	24a. WAS AN PERFOR		248	MAILABLE PRIOR TO
									_	1 YES 2		1	COMPLETION OF CAUSE OF DEATH?
													1 YES 2 DNO
-									_				
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	ck only one)	-		
္က	EXAMINER?	HOSPITAL:	EB/Outpettent	2 🗆 204	OTHE	R:							
≚∥	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	-	28c. INJ		aldenca	8 Other		N HIEW OO	CURED	
	1 Watural 5 Pending	(Month, D			IURY	WO	RK?	1	280. DESC	RIBE HOW I	NJUNT OC	COMED	
BY	2 Accident Investigation						rES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE O building,	F INJURY At etc. (Specify)	home, farm,	street, faci	lory, office				TION (Street a Town, State)	and Number	r or Rural I	Route Number,
Ë 1	4 Homicide determined												
٦ ا	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge,	death occurr	ed at the I	lme, date	and place	and dua	to the caus	e(a) and mar	nor as sta	ted.	
COMPLETED	one) 2 MEDICAL EXAMINE												e) end menner ea stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	11											
8	(-lan/1)	OULLEN	1	5			TYC. LICE	C I	- A		29d. DAT	E SIGNED	(Month, Day, Year)
၉ 📗	36. NAME AND ADDRESS OF PERSON WH	COMPLETE					1/	07	17		5	7-	1-12
-	. / 0	M . T) .				Λ.			A	n = 1 -	1/17	0.7	407
	31. DATE FILED (Manth Day, Year)		P'S SIGNATURE	Rid	E.16.	V AL	venu	e	anna	DOTI	SIL	71	401
	MAK 3 1 1992	guha Days	won-how	The same									



ne physician.

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the course after death. Page 6 may be retained by the INTERPLEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be death be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERT	ILICA	ALE OF	DEATH	REG	. NO.		
	DECEDENT'S NAME (First, Middle, Last) G	eorge E.	Tyler				2. DATE OF OEA MONTH April	DAY	992	3. TIME OF DEATH 10:17 P. M
i	4. SOCIAL SECURITY NUMBER 710-09-7442	5. SEX 6. 1 XM 2 F	AGE (In yrs. lest birthdo	MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y Sept. 8,	bar)	Countr	PLACE (State or Foreign y) Yland
	90. FACILITY NAME (If not institution, give st 4719 Old Mill Bot	,		9b.		OR LOCATION OF DE		9c. C0	OUNTY OF O	EATH
2	RESIDENCE OF DECEDENT	DOM: ROUG			PIC	· Ally			Frede	TICK
DIRECTOR	10e. STATE 10b. COUNTY	rederick	10c.	CITY, TO	WN OR LOC					10d. INSIDE CITY LIMITS?
		riedelick				Airy				1 YES 2 TNO
FUNERAL	100. STREET AND NUMBER 4719 Old Mill Bot	tom Road			101. ZIP CODE 10g. CITI					S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT 8 FORCES? 1 IF YES, GIVE WAR	YES 2 XNO		If yes,	ECENDENT OF NISPAN specify Cuben, Mexico ES 2 NO Specify	n, Puerto Rican, e		14. RACE Black Speci	E — American Indian, k, White, atc. Black
	15. DECEDENT'S EDU		16e, DECEDEN	T'S USU	AL OCCUPAT	TION	16b. KIND	OF BUSINESS/	INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) 6 VYS	College (1-4 or 5+) None			of work done during most of working use reliad.) Ment Operator					
<u> </u>	17. FATNER'S NAME (First, Middle, Last)	NOILE			ope.	16. MOTHER'S NA	ARE /First Adicidis i	Anidan Sumamu		
S W	George W. Tyler					1000	· Hammo		"	
m	19e. INFORMANT'S NAME (Type/Print)	_	19b. MAIL	ING ADD	PRESS (Stree	t and Number or Rural I			Zip Code)	
2	Minnie L. Tyler		4719	010	Mil:	l Bottom 1	Rd. Mt	. Airy	, Md.	21771
	20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Rem	ovel from State	20b. PLACE OF DIS	POSITIO	N (Name of c	cemetery, crematory or	2	0c. LOCATION	- City or To	own, State
	4 Donation 6 Other (Specify)		Lakevie	w M∈				Elders	burg,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LA	Sur	in fi		Bui	and address of fa crier Fund afield, Ma	eral Hor	ne 21	784	
一	23. PART I. Enter the diseases, or	complications that o	aused the deeth.	o not			_			Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	EXTEN	SIVE STACE		SMAL	LCELL	LUNG C	ANCE	R	Interval Between Onset and Desth
NO	Sequentially list conditions, if any, laeding to immediate	b	R AS A CONSEQUENC							
₹	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	R AS A CONSEQUENC	E OE.						
CERTIFICATION	that initiated events resulting in death) LAST	d.	N AS A CONSEQUENC	c or,						
	PART II. Other significent condition	ne contributing to d	eath but not result	na la ti	he underly	lan ceuse alven in	Part I 24s V	WAS AN AUTOP	8V 244	. WERE AUTOPSY FINDINGS
EDICAL	TOBACCO ISE	to a	estil but not result	ing in ti	is underly	ing cause given in		YES 2 19 NO	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							-			1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	1			24	PLACE OF DEATH (Ch	eck only one)			
	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3 🗆 DC		THER:	ome 5 Realdence		ff _V)		
PHYSICIAN: M	27. MANNER OF DEATN	28e. DATE OF III (Month, Day	JURY 28b.	TIME OF	28c.	NJURY AT WORK?	28d. OEŞCRIBE		OCCURED	
B	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2 NO				
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, et	INJURY — At home, fa tc. (Specify)	rm, stree	it, factory, of	Mice	281. LOCATION City or Town		nber or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFVING PNYS									(e) end menner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NU			DATE SIGNE	0 (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Pri	nt)					,-
	BRIAN M. O'CONNO	OR, MA 5	OI WEST S	EVE	NAT S	T. FREDA	SRICK,	10 2	1701	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S. SIGNATURE	600						

BALTIMORE, MARYCAND 21215-0020	nt after death. Page 6 may be retained by to not be untending physician.	I by the timeral director, page 5 should be directed for use as the burial-transit permit. Pages 1, 2, 3 should immoral.	offical examiner must be notified at diffe.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plage is may be retained by the control of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timens director, pages 5 whould be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or immoral.	IMPORTANT: If ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on

_	HEGISTIAN			LATI	CALL	E OF	DEA	וח	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Ronald	011		m - 1					2. DATE OF WONTH	DEATN DA	γ 100	XEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Olive s. sex	6. AGE (In yrs. Is	Tasl			T - Comment			h 31	, 199		1909 P M
	218 76 3870	1 □ M 2 🙀 F	39	YRS.	MONTHS DAYS HOURS MIN.				7. DATE OF (Month, Di Dec.)	ev. Year)	52	Country	PLACE (State or Foreign ryland
_	9a. FACILITY NAME (If not institution, give				1.7		OR LOCATI		EATN	ATN Bc. COUNTY OF CEATN			EATN
	Memorial Hospit	al				Cun	berla	and			Allegany		
	10a. STATE 10b. COUNT Maryland Ga	rrett		10c. CITY, TOWN OR LOCATION Swanton						10d. INSIDE CITY LIMITS? 1 YES 2 [X] NO			
	10e. STREET AND NUMBER					-	f. ZIP COD	E			10g. CITI	ZEN OF W	NAT COUNTRY?
ı	Rt. 2 Box 16	7					21.	561				USA	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 A	RMED NO		13. WAS DECENDENT OF NISPANII If yes, specify Cuban, Maxican, 1 YES 2 NO Specify:			an, Puerto Rican, atc.)			14. RACE Black Specif	- American Indian, White, atc. y: White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, Di	ECEDENT'S	USUAL O	CCUPATI	ON	-	16b. Kit	ID OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	100	(Give kind of work done during most of working life. Do NOT use retired.) Disabled						None			
	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NA	ME (First, Midd	le, Maiden S	Surname)		
		ugene	Task	ter			Shi	rley		Ann		Rig	ggleman
	19a. INFORMANT'S NAME (Type/Print)		.19						Route Number, (
	Ronald E. Tasker			Rt.	2 Bo	ox l	67	Swan	ton, M	aryla	and 2	21561	
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	and dated ematory or of 1baug	ther place)				4/3		Gard		wn, Stema West Virgi		
	21. SIGNATURE OF FUNERAL SERVICE LI		1 5	Stew		Fune	ral Ho	me			, MD 21550		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avanta resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other algorificant condition	a contributing to	death but not	reaulting i	n tha un	dariyin	g cause g	lven in	Part t. 24a	. WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1[YES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ı	25. WAS CASE REFERRED TO MEDICAL				_	26. PI	ACE OF DE	ATH /Ch	ack only one)				
	EXAMINER?	HOSPITAL:	R/Outpetlant 3	. □ DOA	OTHER	R:						_	
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D.	INJURY	26b. TIMI	E OF	28c. INJ WC			6 C Other (Sp 28d. DESCRIE		JURY OCC	URED	
	3 Suicide 6 Could not be detarmined	26s. PLACE O building,	F INJURY — At ho atc. (Specify)	oma, farm, a	freet, facto	ory, offic	•		28f. LOCATIO City or To	N (Street an wn, State)	d Number	or Rural Ro	oute Number,
	29e. CERTIFIER (Check only one) PHYS												and manner as stated.
	295. SIGNATURE AND TITLE OF CENTIFIED	July)	<	17	\cap		29c. LICE	RSE NUM			29d. DATE	SIGNED	Morfin, Day, Year)
	30. NAME AND ADDRINGS OF PERSON WH	1 H. H	RRigo	67/10	Print	0							
	31. DATE FILEO/Month, play, Year) APR 2 1992	32 REGISTRA	H'S SIGNATURE	dell.									

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MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAZ

dulia Karido

HOLKINS

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DIRECTOR: After the hours after death v

THE HOSPITAL D THE FUNERAL D filed within 72 ho TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If II

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 22 3. TIME OF DEATH DAVID TIMMONS 1992 3:42 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dev. Year 8. BIRTHPLACE (State or Foreign 215-92-7272 MONTHS DAYS HOURS 1X M 2 F 23 YRS 09-03-68 SALISBURY, MD. 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD WICOMICO FRUITLAND XXYES 2 NO FUNERAL 10s, STREET AND NUMBER 101, ZIP CODE 10c. CITIZEN OF WHAT COUNTRY? 802 E. MAIN ST. 21826 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES \$ 7 NO IF YES, GIVE WAR OR DATES ... 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NAIO Specify: 14. RACE — American Indian, 1) Never Married 2 Married SpecWHITE ΒY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. 2 yrs. SURVEYOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) RICHARD ORVILLE TIMMONS, SR. JUDITH BUSSELL TIMMONS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 JUDITH B. TIMMONS Carev FRUITLAND, MD. 802 E. MAIN ST. 21826 20a. METHOD OF DISPOSITION
20 Burlal 2 Cremation 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State cemetery, cremetory or other piece)
WICOMICO MEMORIAL PARK 4 Donation 6 Other (Specify) 3/28 SALISBURY, MD. 22. HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SALISBURY, MD. 21801 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Finel Onset and Death disease or condition . RIGHT VENTRICULAR FAILURE 2" CONFENITAL 2/41 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ANOMALT b. TRANSPOSITION M. DUE TO (OR AS A CONSCOUENCE OF):0 CERTIFICATION GREAT VESSELS 23 yrs Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events MYDEARDIAL INFARCTION 2 400 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST VENTRICULAR 2 hus ARRHUTHMIA PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 KNO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Conpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 🗆 Nu ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Monak J807 3/22/32 MD

WOLFE ST

DALTO

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MAR 2 5 1992 John Kindow Market

or attending physician. 21215-0020

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

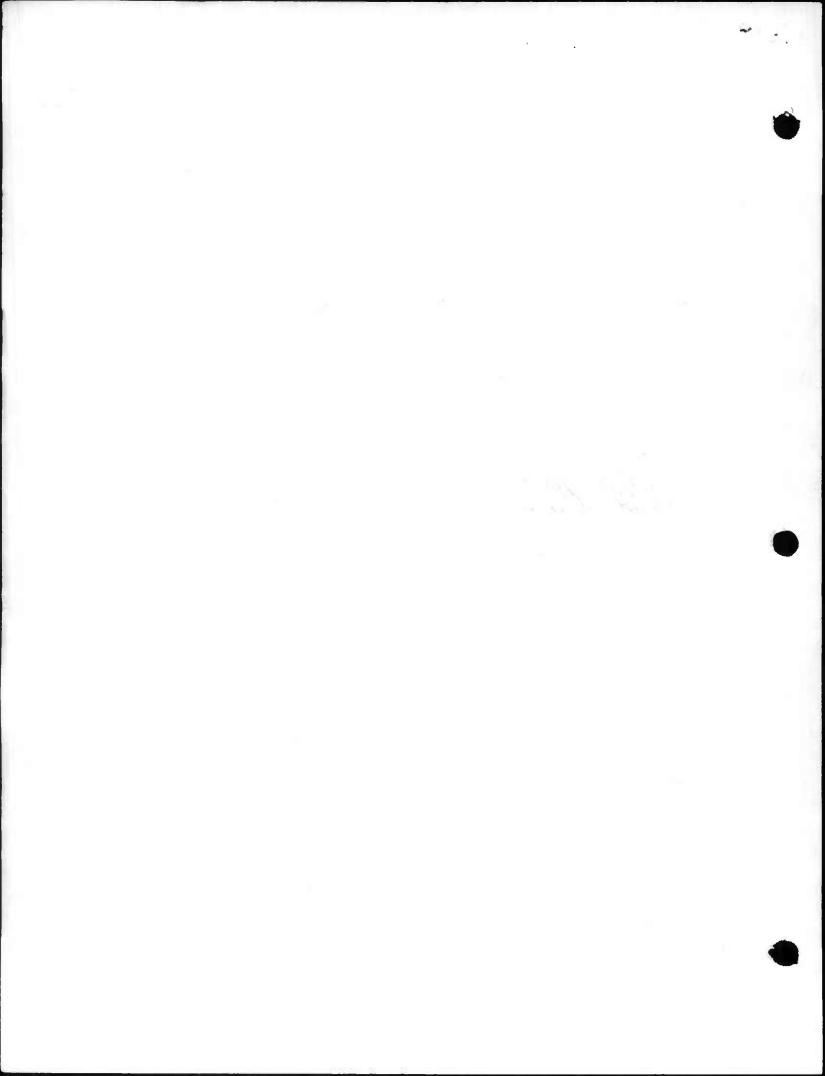
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-	Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at or
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	MENT OF H	IEALTH AND DEATH	MENTAL HYG		10000
	1. DECEDENT'S NAME (First, Middle, Last) LYDE 4. SOCIAL SECURITY NUMBER		TRUI		RUITT	2. DATE OF DEAMONTH	18,199	3. TIME OF DEATH
	THE RESERVE OF THE PARTY OF THE	1 M2 DF 7	/ YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Vo. 5-16-1	914	BIRTHPLACE (State or Foreign Country) N • J •
TOR	PENINSULA GENERA			SA	LISBURY	EATH	9c. COUNT	i comico
DIRECTOR	10a. STATE 10b. COUNTY	Vicomico	10c. CITY,	TOWN OR LOCAT	sbury			10d. INSIDE CITY
	10e. STREET AND NUMBER	VICOMICO			. ZIP CODE		10g, CITIZE	1- YES 2 NO
NER.	516 Washingto	on St 12. WAS DECEDENT EVER IN			218			U.S.A.
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	NIC ORIGIN? (Specifien, Puerto Rican, etc.)	ly Yas or No.— 14	RACE — American Indian, Bleck, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATION ork done during mos retired.)	ON st of working	16b. KIND O	F BUSINESS/INDUS	STRY
MPL	12	4	Sa1	esman				
BE CO	17. FATHER'S NAME (First, Middle, Last) William Talbo	ot Truitt			18. MOTHER'S NA	sephine	e Hanra	han
10	19a. INFORMANT'S NAME (Type/Print) Charlotte 0.	Truitt				Route Number, City o		, Md. 21901
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remov	20b.	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20	LOCATION — CIT	y or Town, State
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE MOE	NSEE	etery, crematory or other C	22. NAME AN	D ADDRESS OF FA	3/23 5		
	Lomelus D.	Wesno		Biva	lve, M	arvland	2 %	0. Box 61 21814
	23. PART i. Enter the diseeses, or co- shock, or heert fellure. Li	nplications that caused at only one cause on as	the death. Do no	t enter the mod	de of dying, aud	ch ea cerdiec or r	espiratory arrea	interval Between
	immediate cause (Final disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF)	silve	<u> </u>			Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF:	be	Preum	mol		
CERT	reaulting in death) LAST							
PHYSICIAN: MEDICAL	PART II. Other significant conditiona	S / P Gul	ut not resulting in		ceuse given in	PEF	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
: MED						¹ □ YE	5 247Ng	OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IQSRITAL:			ACE OF DEATH (Ch	eck only one)		
HYSI	1 VES 2 NO 27. MANNER OF DEATH	28s. DATE OF INJURY				8 Other (Specify)	DW INJURY OCCUP	ern.
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	M 1 V	RK?		on moon occur	11
ETE	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Special	— At home, term, etc	eet, factory, office		28t. LOCATION (St. City or Town, S	reet and Number or Itale)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowle On the basis of examination	edge, death occurred and/or investigation,	at the time, data :	and place, and due	time, data and place	manner as stated.	euse(s) and manner as stated.
BE	296. SIGNATURE-AND TIVE OF CERTIFIER	1	NO		29c. LICENSE NUI			IGNED (Myhith, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO C	MPLETED CAUSE OF DEA		vine)	redces	ten. c	x lisbu	ry, MD
5	31. DATE FILED (Month, Day, Year) / MAR 2 3 1992	32. REGISTRAR'S SIGNA Julia Varydoon	TURE					

	1. DECEDENT'S NAME (First,		mrour.		CERTIFI					REG. N 2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	ARCHIE I	_	TICHINE 5. SEX	6. AGE (In yrs.	(not blooked)	IF UNDER 1	vean I			3 1	9 19		2:55 p	
	213- 40- 380	8	1 X M 2 - F	50		MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Morth, Day, Year) 3-6-1942		6. BIRTH Country	PLACE (State or Foreign W.Va.	
E	Garrett Co	Mem.				oak			ON OF DE	EATH	100	ounty of DEATH		
DIREC	10a. STATE Md	106. COUNTY Garr			10c. CITY	TOWN OR ak I an	LOCATI CI	ON					10d. INSIDE CITY X LIMITS?	
FUNERAL	100. STREET AND NUMBER 31 Burena	/ista						ZIP CODE 2155				ZEN OF W	HAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 🔀			YES 2	ARMED NO	13. WA	S DECE	NDENT O	F HISPAN	IIC ORIGIN? (Specify '	Yea or No—	14. RACE Black	- American Indian, White, atc.	
D BY	3 Widowed 4 Divor		IF YES, GIVE W		DEGENERAL			2 NO	Specify		-	Specif	Vhite	
COMPLETED	(Specify only Elementary/Secondary (0- 12	highest grade	College (1-4 or 5	+)	Give kind of we life. Do NOT use	retired.)	ing mos	t of workin	9	GOV1		USTRY		
BE CON	17. FATHER'S NAME (First, Mic Martin Tio							16. MOTH	er's na	ME (First, Middle, Maid e Friend	on Surname)			
TO B	19a. INFORMANT'S NAME (1), David A. Bu				PO I	Box 5	itreet en	d Number	or Aural F mill	er, Md 215	own, State, Zip	Code)		
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 4 Donation 8 Other	3 🗆 Rame	ovel from State	20b. PLAC	CE AND DATE OF	oispositi Cemet	on (Nan	na of		3-22-92	Swant	On, M	vn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dougland A. Durdock David A. Burdock Dav												Kitzmille	
CATION	resulting in death) Sequentisily list condition if any, leading to immed cause. Enter UNDERLYIN	late G	_Ischem	OR AS A CONS IC Heat	SEQUENCE OF) TT Dise SEQUENCE OF)	ase	-Va	scul	ar D)isease			Unknown	
CERTIFICATION	CAUSE (Disease or injur that initiated events resulting in death) LAST				SEOUENCE OF)					Tocuse			OHRHOWH	
MEDICAL	PART II. Other significen	t condition	contributing to	deeth but no	t resulting in	the unde	riying	cause g	iven in	Part I. 24s. WAS A PERFO	DRMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PLA	CE OF DE	ATH (Che	ck only one)				
PHYSICIAN	1 PYES 2 NO 27. MANNER OF DEATH		HOSPITAL: 1 Inpetient 2vis 28a. DATE OF (Month, Da	INJURY		OF 28	c. INJU	RY AT		8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCC	UREO		
D BY	3 Suicide 8 C	vestigation ould not be	28a. PLACE OF		homa, farm, str	М	YE	S 2 [NO	281. LOCATION (Street	t and Number o	or Rural Ro	ute Number,	
PLETE	DO. CERTIFIED	YING PHYSIC			death occurred	at the time	, data a	nd placa,	and dua	City or Town, Stat		d.		
COMPL	29% SICHAMURE AND STILE C	AL EXAMINER	: On the basis of ax	amination and/o	or investigation,	In my opin	lon, des	th occure	d at the t	lime, data and place,	and due to the	ceuse(a)	and manner as stated. Month, Day, Year)	
TO BE	SO NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (IT	72 TEM 27) (NON. 5	and)			5658				20, 1992	
15	Herbert H. 31. DATE FILED (Month, Day, Ye	Leigh	ton, M.D.	, Oak	@ 5th		, Oa	aklaı	nd,	Maryland	21550			
	MAR 2	0 199	2 1 1 5 R	LINE										

10.11033

	1 - FOR STATE REGISTRAR	OF MARYLAN			F DEATH	D MICH	REG. NO.	•	92 10600		
	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH		3. TIME OF DEATH		
	WILLIAM R	RANDOLPH	TALL	ΕY			onth DAY	199	2 9:15 AM		
- 1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 YE		s. 7. D.	ATE OF BIRTH	Ī	8. BIRTHPLACE (State or Foreign		
	141-50-0037 1×M2	□ F 35	YRS.	MONTHS DAT	rs HOURS MIN	d. (A	12-4-5	6	Penn.		
	9a. FACILITY NAME (if not institution, give street and num	nber)		9b. CITY, TOV	VN OR LOCATION OF	F DEATH	12 1 3		TY OF DEATH		
g	32 Brandywine			Ber1:	in			Wor	cester		
DIRECTOR	RESIDENCE OF DECEDENT				<u> </u>			1101			
문	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO					10d. INSIDE CITY LIMITS?		
	Md. Worceste	r		Ber:					1 TES 2 NO		
¥	10e. STREET AND NUMBER				101. ZIP CODE				ZEN OF WHAT COUNTRY?		
FUNERAL	32 Brandywine				2181				SA		
E	11. MARITAL STATUS 1 Never Married 1 Married 12. WAS D FORCE	ESP 1 YES 2 6, GIVE WAR OR DATE:	S. ARMED	If yes	DECENDENT OF HIS s, specify Cuben, Me	xican, Put		or No-	14. RACE — American Indian, Black, Whita, etc.		
ΒX	3 Widowed 4 Divorced	, GIVE WAR OR DATE:	9	1 🗆	YES 2 NO SE	nealfy:			Specify: White		
	15. DECEDENT'S EDUCATION	18	a. DECEDENT'S	USUAL OCCUP	PATION		18b. KIND OF BUS	INESS/IND	-		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1)	1-4 or 5+)	(Give kind of life. Do NOT u	work done during sa retired.)	g most of working						
PL	4		Resea	arch			Unive	rsit	у		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (F	irst, Middle, Maiden	Sumame)			
C	Banks Talley				Nan	cv I	iggs				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Str	eet and Number or Re			, State, Zip	Code)		
임	Banks Talley		432	9 Ocea	an Pine	s E	Berlin,	Md.	, 21811		
	20s. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremetion 3 □ Removel from S	20b. Pt	ACE OF DISPO	SITION (Name o	of cometery, crematory	00	20c. LO	CATION —	City or Town, Stata		
	4 Donation 5 Other (Specify)			bury (remato	rv.		lisb	ury, Md.		
	21, SIGNATURE OF PUNERAL SERVICE LICENSEE			22. NAM	E AND AODRESS O	ſ					
	· Law Wille			U.	llrich	me	Berlin, Md.				
	23, PART/1, Enter the diseases, or complication			not enter the	mode of dying,	auch as	cardiac or reapi	ratory arr			
	ahock, or heart failure. List only of IMMEDIATE CAUSE (Final	one cause on each					1 0		Interval Between Onset and Death		
	disease or condition resulting in death)	OUE TO (OR AS A CO	ed.	mu	runl		detti	ire	uce		
	in down,	OUR TO (OR AS A CO	INSEQUENCE C	F):							
Z	Sequentially list conditions,										
Ĕ	if any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE C	ŀF):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	NSECHIENCE C	E.							
CERTIFICATION	that initiated events resulting in death) LAST	000 10 (011 10 11 01		,							
E	d										
CAL	PART II. Other aignificant conditions contribu	sting to death but	not reaulting	In the under	lying cause give	n In Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
							1 - YES 2	MINO	COMPLETION OF CAUSE OF DEATH?		
ME									1 _ YES 2 _ NO		
ż											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL:		OTHER:	6. PLACE OF DEATH	1 (Check or	nly one)				
S		tient 2 ER/Outpatie		4 🗆 Nursing	Home 5 Reside	_					
> 1		(Month, Day, Year)	28b. Till	JURY	WORK?		. DESCRIBE HOW I	NJURY OC	CURED		
PHYSICIAN: MED					YES 2 NO	_	1.00171011 (0)	-1.01			
	1 Netural 5 Pending 2 Accident Investigation	DI AGE OF IN HIM!	A		OTTICE	2011.	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
B	2 Accident Investigation 3 Suicide 8 Could not be	PLACE OF INJURY — building, atc. (Specify)		street, factory,							
BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined			street, factory,							
B	2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	building, atc. (Specify) ne best of my knowled	ga, death occur	red at the time,	date and place, and		e cause(s) and mar	nner se stat			
B	2 Accident 3 Suicide 8 Could not be determined 28e. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the b	building, atc. (Specify) ne best of my knowled	ga, death occur	red at the time,	date and place, and		e cause(s) and mar	nner se stel			
E COMPLETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	building, atc. (Specify) he best of my knowled basis of axamination a	ga, death occur	red at the time,	date and place, and on, death occured a 29c. LICENSE	t the time,	e cause(s) and man	nner as ate	e cause(s) and manner as stated. E SIGNED (Mpnth, Day, Year)		
BE COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the b	building, atc. (Specify) ne best of my knowled besis of examination a	ge, death occur nd/or investigati	red at the time, on, in my opini	date and place, and	t the time,	e cause(s) and man	nner as ate	ne cause(s) and menner as stated.		
E COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined 28e. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the b	building, atc. (Specify) he best of my knowled basis of axamination a	ge, death occur nd/or investigeti	on, in my opini	dete and place, and on, deeth occured a 29c. LICENSE	NUMBER	e cause(e) and mar data end place, en	nner as ate	e cause(s) and manner as stated. E SIGNED (Mpnth, Day, Year)		
BE COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined 29a. CEHTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base sumature and TITLE OF CENTIFIER 30. NAME and ADDRESS OF PERSON WHO COMPLE	building, atc. (Specify) be best of my knowled besia of examination a TED CAUSE OF DEATI	ge, death occur nd/or investigati	on, in my opini	date and place, and on, death occured a 29c. LICENSE	NUMBER	e cause(e) and mar data end place, en	nner as ate	e cause(s) and manner as stated. E SIGNED (Mpnth, Day, Year)		



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE HOSPITAL OR ATTENDING F TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If Item 28 Is mai

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a should be detached for use as the burial-transit permit. Pages		at he matted as once.
×	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
er this certificate has been signed by the atte	ith with the State Dept. of Health and Mental	narked, or Item 23 shows any injury, i

92 10601 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR ANNAMAE STEVENS VAUGHN arch 992 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 M 2 KF 186-12-6930 YRS. eb. 27,1 Pennsylvania 924 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 934 Ships Bell Court Annapolis Anne Arundel 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Annapolis 1 YES 2 X NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. Ships Bell 934 Court 21401 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu 1 ☐ YES 2 ◯ NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced 1954 -1956 White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) + Public Health Administrator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ester Lloyd Stevens Anna Leggett 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ships Bell Court, Constance Ann Vaughn 9:34 Annapolis, MD 21401 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 3 / 28 / 9 2 DATE compatery cramatory or other place) 20c. LOCATION — City or Town, State 1 ☐ Buriel 2 🏋 Cremation 3 ☐ Removal from State cemetery, crematory or other place) 4 ☐ Donation 5 ☐ Other (Specify) Crematory exandria, VA TURE OF FUNERAL BEHINGE LICES 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 Gloucester St., Annapolis, MD 147 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Final Onset and Death Obstruction disease or condition Chronic Years resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Year Tobacco Use Disord PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 TONO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER: 1 | Inpstient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 4 🗆 Nu 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident М BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beels of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se attend 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER D.29,93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

180 Admiral Stephen Killian MD 31. DATE FILED (Month,

32. REGISTRAR'S SIGNATURE

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Stephen Gillion, 1913 - 184 Advanged Carleson De , Managelle, All John

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	REGISTRAR			CERTIF	ICATI	UF	DEAL	н	REG. NO			
	DECEDENT'S NAME (First, Middle, ERNEST MOI		REENEN	1					2. DATE OF DEATH	, ,	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	8. SEX		yrs. last birthday)	IF UNDER	1 VEAR	IF UNDER 2	4 MOR	7. DATE OF BIRTH	1	BUDTU	PLACE (State or Foreign
	220-64-7072	1)(M 2 F	37		MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 1-11-195		Country	Virginia
ı	9a. FACILITY NAME (If not institution,	give street and number)			96. CITY	, TOWN	OR LOCATION	N OF DE	ATH	9c. COUN	TY OF OE	ATH
	Frederick Memo		tal		F	rede	rick			Fre	der	ick
	10a. STATE 10b. CX			10c. CI	TY, TOWN C	OR LOCAT	TION					10d. INSIDE CITY
	Maryland Wa	shington		Sh	arps	burg	1					LIMITS?
	10e. STREET AND NUMBER		_		-	10	. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
	2551 Chestnut						21782	2		U.	S.A.	•
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER	NT EVER IN U	S. ARMED	13.	WAS DEC	CENDENT OF	HISPANI	C ORIGIN? (Specify Yes, Puarto Rican, etc.)	or No-	14. RACE	- American Indian, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATE	ES			2 🔯 NO				Specifi	
	15. DECEDENT'S (Specify only highes)		-16	Se. DECEDENT'S	USUAL O	CCUPATIO	ON ost of working		16b. KIND OF BUS	SINESS/INOL	JSTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Iffe. Do NOT u	se retired.)		ot or worning					
	12 yrs.			Tech	nici	an			Electric	Moto	or Re	epair
	17. FATHER'S NAME (First, Middle, Las			Debesst -					E (First, Middle, Maiden	Surname)		
	Allen	М.	1	Roberts				cie	V.		_	Dodson
	19a. INFORMANT'S NAME (Type/Print) Allen M. Rober	ts							oute Number, City or Tow			21782 cyland
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3			LACE AND DATE				. 4 .	OATE 20c. LO	CATION — C	Hy or Tow	vn, Stata
1	4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		San	ibres W					1-1992 Sam			
ď	7606 Old National											
	Douglas A. Fiery Soudant Eight Bast Funeral Home Boonsboro, Maryland 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	ahock, or heert fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to	S / C	onsequence of	n.7		m/1	V . 2		·		Interval Betwee
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. Due to	OR AS A CO	S S / LO	p);		14.	and J.	homos			14-
. 11	PART II. Other algnificant cond	itions contributing to	death but	not resulting	In the un	deriying	g ceuse gli	ven in F				WERE AUTOPSY FINDING
									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
												OF DEATH?
	25. WAS CASE REFERRED TO MEDIC EXAMINER?					-	ACE OF DEA	ATH (Chec	k only one)			
	1 TYES 2 NO	HOSPITAL:	ER/Outpetle	ent 3 🗆 DOA	OTHER		e 8 🗆 Resi	dence 8	Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF (Month, E		28b. TIN	E OF	28c. INJ	URY AT		28d. OESCRIBE HOW II	JURY OCCU	JRED	
	1 Natural 5 Pending 2 Accident Investigat			- 25	М		YES 2	NO				
	3 Suicide 8 Could no 4 Homicide determine	building.	OF INJURY — , etc. (Specify)	At home, ferm,	strant, fact	ory, office			28f. LOCATION (Street a City or Town, State)	nd Number o	or Rural Ro	oute Number,
	29e. CERTIFIER S					_						
	(Check only	HYSICIAN: To the best of MINER: On the basis of s										and manner as stated
1	29b. SIGNATURE AND TITLE OF CER						29c. LICEN					
1	VI (1					121		26	AND DATE	/ /	(Month, Day, Year)
ŀ	30, HAME AND AGORESS OF PERSON			1 (ITEM 27) (Type	Print)						12	172
	VA VZ	er use f	7	mo.	501	is	170	20/1	e Fred	Y-1-1	4 14	1 2170
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	AR'S SIGNATU	JRE		- 6		5	,			
	APR 06 1992	Juli San	den-Ra	dul								

	1 - FOR STATE REGISTRAR	STATE OF N			RTMENT				MENTAL HYGIEN			10003
	1. DECEDENT'S NAME (First, Middle, Last) M:1 dag	WAT	NACE		LDRED				2. DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214 34 8908 90. FACILITY NAME (If not institution, give s	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	# UNDER 1 MONTHS 9b. CITY, 1	DAYS	IF UNDER	MIN.		29	B. BIRTHPLI Country) MARYL	
DIRECTOR	GOOD SAMARATIAN H						MORE			30.000	TOP DEAT	
	MARYLAND 100. STREET AND NUMBER				y, town on LTIMOI		ON					d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	2601 HOMEWOOD AVE					2	1218	3		Ţ	J.S.A.	COUNTRY?
В	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES ZYN	MED IO	It :	AS DECEI yee, spec YES 2	Ify Cuber	F HISPAN 1. Mexicen Specify:	IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	or No-	14. RACE — Black, W Specify: BLA	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+	(Gi	CEDENT'S ive kind of a Do NOT us	work done du se retired.)	CUPATION ring most	of working	g	16b. KIND OF BU	SINESS/INC	PUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) SAMUEL A. WALLACE							BEAT	RE (First, Middle, Meiden	ON		
2	190. INFORMANT'S NAME (Type/Print) EDMOND SEDGEWICK		61	121 I	FAIRWO	OOD .	AVE.		oute Number, City or Tow LTIMORE,			
	20e. METHOO OF DISPOSITION 1 Striel 2 Cremetion 3 Remo 4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	- 11777 - 117	20b. PLACE A cemetery, cree MD NA	matory or o	IEM. I	PARK			1992 LA	CATION —	City or Town,	State
	Larry	4. Re	esl		REF	ESE	& SO	T A	ORTUARY,	MD	21401	
1	23. PART I. Enter the diseases, or c ahock, or heary feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. CA	COURSE ON SECURITY OF AS A CONSECURITY OF A CONSECURITY OF AS A CONSECURITY OF A CONSECURITY		ARR	s of	of dylr	ng, such	ss cerdiec or reepi	retory arr	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	Ayl	OR AS A CONSEO OR AS A CONSEO OR AS A CONSEO	(1)	7):				to Dial	seks	melli	k.
CER	PART II. Other significent conditions	contributing to	carl y	ney	OCAR	Dis	1 5	206	next ion			
PHYSICIAN: MEDICA	5xvx5		iphers	1	SASC	4	ren	e	24a. WAS AN PERFOR	MEO?	COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpetlant 2	7004	OTHER:				k only one)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF I (Month, Da	NJURY	28b. TIMI	E OF 26 URY	C. INJUR	Y AT		Other (Specify) 28d. DESCRIBE HOW II	JURY OCC	UREO	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — At horr rtc. (Specify)	ne, farm, s	treat, fectory	, office			28t. LOCATION (Street e City or Town, Stete)	nd Number	or Rural Route	Number,
COMPLET	2 MEDICAL EXAMINER	IAN: To the best of ex	my knowledge, dea amination end/or in	th occurre	d at the time	o, date en	d place,	end due to	o the cause(e) end men me, date and place, en	ner ea state I due to the	ed. e ceuse(e) enc	I menner se stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	completed CAUS	COST DEATH (ITEM	27) (Type	M)	2	9c, LICEN	SE NUME	9660	29d. DATE	SIGNED (MOR	ith, Day, Year)
	RP Ruscell 31. DATE FILED (MORTE), Day, Year)	-	MAR!			pil	1,	BA	12 MD	212	39	
	APR 0 3 1992	ntha Davids	on-Nonaeo									OHMH-18 Rev 1/89

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rtifica	he St	or M
his ce	with t	ked.
After t	death	28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be notified at eace
100	after	28 18
	TOR: After this certificate has been signed by the attending physician and completely filled in by the furnish the firment of the physician and completely filled in by the furnish that it is a strongly be detached for use as the burial-transit permit pages 1.2.3 strongly	TOR: After this certificate has been signed by the attending physician and completely filled in by the furniment for the should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 hours after death the many retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral transfer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be antified of the contract.

- STATE REGISTRAR		CERTIF	ICAIL	IT UCAIN		REG. NO.			
I. DECEDENT'S NAME (First, Middle, Las	at)					OF DEATH		3.	TIME OF DEATH
TERRENCE T	ERMAYNE	TAT F	EDIS		03	30		92 1	2 • 33
A. SOCIAL SECURITY NUMBER		E (In yrs. lest birthdey)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPLA	CE (State or Forei
215-96-0273	1 XM 2 - F	16 YRS.	MONTHS DAY	'S HOURS MIN.	MAS	7 28,]	975	MARYI	AND
Da. FACILITY NAME (If not institution, give	e street and number)		96. CITY, TOW	YN OR LOCATION OF				TY OF DEATH	
HYSICIANS MEM	ORIAL HOSD	TODA	TIA DI	3 m 3			CHAR	TES (COUNTY
RESIDENCE OF DECEDENT				ATA				4 20	0001111
IOa. STATE 10b. COUI			Y, TOWN OR LO					100	I. INSIDE CITY
	IARLES	MT	. VICTO	ORIA				1[YES 2 X N
IOO. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?
P.O. BOX #56				20661			UNI	TED ST	ATES
11. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS I	DECENDENT OF HISP , specify Cuben, Mexi	ANIC ORIGI	N? (Specify Yes	or No-	14. RACE —	American Indian, nite, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 NO Spec		rindent, entry		Specify:	1110, 010.
	1	100 001000							BLACK
15. DECEDENT'S EI (Specify only highest gra	ide completed)	16a. DECEDENT'S	vork done during	ATION most of working	168	. KIND OF BUS	SINESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)								
9TH GRADE 7. FATHER'S NAME (First, Middle, Last)	NONE	STUDE	NT			EDUCAT			
	TOPA			18. MOTHER'S N					
HARRY EDWARD JUP 90. INFORMANT'S NAME (Type/Print)	TTER	Bry couldness		MARY C					
				et end Number or Rurs				Code)	
MARY CHRISTINE W				MT. VICT				20661	
Rea. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Real Donation 5 Other (Specify)	emoval from State	Ob. PLACE AND DATE (OF DISPOSITION ther place)	(Name of	OAT	E 20c. LO	CATION — C	Olty or Town,	State
Densition 5 Other (Specify)		emetery, cremetory or of HOLY GHOS	T CHUR	CH CEMETE	KY 4/	3/192 I	SSUE	, MARY	LAND
	MANIA	sprin		E AND ADDRESS OF I	FACILITY				
23. PART I. Enter the diseases, o shock, or heart fellum MMEDIATE CAUSE (Finel disease or condition	e. List only one ceuse on	ed the death. Do n	THO	RNTON'S F	UNERA	diac or respi	PON	MONKEY	Approximate Interval Bate
23. PART I. Enter the diseases, o shock, or heart fellum immediate CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate	RNTON JOHNSOI or complications that ceuse e. List only one ceuse on B. DUE TO (OR AS	N ed the death. Do n	THOM NOW W	RNTON'S F	UNERA	diac or respi	, PON	MONKEY	Approximate Interval Batt
23. PART I. Enter the diseases, o shock, or heart fellum management of the shock of the shock, or heart fellum management of the shock	RNTON JOHNSOI or complications that ceuse e. List only one ceuse on B. DUE TO (OR AS C. DUE TO (OR AS d.	ed the death. Do neech line. Shot A CONSEQUENCE OF	THOI not anter the	RNTON'S F mode of dying, su	UNERA	diac or respi	PON retory arre	MONKEY	, MARYI Approximate Interval Bets Onset and D
23. PART I. Enter the diseases, o shock, or heart fellum management of the disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	RNTON JOHNSOI or complications that ceuse e. List only one ceuse on B. DUE TO (OR AS C. DUE TO (OR AS d.	ed the death. Do neech line. Shot A CONSEQUENCE OF	THOI not anter the	RNTON'S F mode of dying, su	UNERA	diac or respi	AUTOPSY MED?	24b. WEF	Approximate interval Bats Onset and D Onse
23. PART I. Enter the diseases, o shock, or heart fellum management of the shock of the shock, or heart fellum management of the shock	RNTON JOHNSOI or complications that ceuse e. List only one ceuse on B. DUE TO (OR AS C. DUE TO (OR AS d.	ed the death. Do neech line. Shot A CONSEQUENCE OF	THOI not anter the	RNTON'S F mode of dying, su	UNERA	est 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WEF	Approximate interval Bats Onset and D Onse
23. PART I. Enter the diseases, o shock, or heart fellum management of the shock of the shock, or heart fellum management of the shock	RNTON JOHNSOI or complications that ceuse e. List only one ceuse on B. DUE TO (OR AS C. DUE TO (OR AS d.	ed the death. Do neech line. Shot A CONSEQUENCE OF	THOI not anter the	RNTON'S F mode of dying, su A A A	UNERA	24e. WAS AN PERFOR	AUTOPSY MED?	24b. WEF	Approximate interval Bate Onset and I Onse
23. PART I. Enter the diseases, o shock, or heart felium MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions.	RNTON JOHNSOI or complications that ceuse e. List only one ceuse on DUE TO (OR AS	ed the death. Do neech line. Shot A CONSEQUENCE OF A CONSEQUENCE OF but not resulting I	THOI not anter the	RNTON S F mode of dying, su A O A	UNERA ich se cen Ch	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WEF	Approximate interval Bate Onset and I Onse
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3. TIME OF DEATH

2. DATE OF DEATH DAY

WRIGHT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

STATE REGISTRAR

1. DECEDENT'S NAME (FIRST, MINTELLA)

1 -

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CRISMOND 8°27 5 7:57 P.M 02 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreig IF UNDER 24 HRS. 10/07/1906 220-28-6387 1 - MXX F Virginia page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR North Arundel Hospital Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Severna Park 1 YES XIX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY Meridian Nurseing Center U.S.A 21146 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 VAO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES X NO Specify: 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married BY Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Comptroller Retired U.S. N.O.S. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Otis W. Crismond BE Lizzie Gray Rawlett 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 2 Thomas Wright Huckleberry Drive, La Plata, Md. 20646 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE Burial 2 Cremation 3 Removal from State director, Park Donation 6 Other (Specify) Cemetery 4/5/92 Marbury , Maryland examiner SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral 24 hours after death. AREHART FUNERAL HOME, INC. filled in by the fu P.O. Box 567, La Plata, Md 20646 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** cremation. event, the disease or condition bunner u completely resulting in death) DUE TO (OR AS A CONSTIQUENCE OF) burial. Hygiene prior to buria RTECATION attending physician and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate AUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): at initiated events suiting in death) LAST 6 n signed by the attend f Health and Mental H 20 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS e Dept. of Health and m 23 shows any In heuromen PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 6 NO depsis 1 - YES 2 - NO PHYSICIAN: item ? 25. WAS CASE REFERRED TO MEDICAL r this certificate h 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | PR/Outpetient 3 | DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 0 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF is marked. 26d. DESCRIBE HOW INJURY OCCURED 1 Netwal BY 1 YES 2 NO FUNERAL DIRECTOR: After twithin 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 28 4 Homtcide Eem 29a. CERTIFIER (Check only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. TO THE FUNERAL C be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to BE 記書書 Doctor 29d, DATE SIGNED (Month, III) D21684 Hendry 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prip 30. NAME AND ADDRESS OF PERSON C-V-CYRIAC-M.D. CRAIN (owy GLBNBURNIZ - MD 1600 31. DATE FILED (Month, Day, Year, APR 06 92 32. REGISTBAR'S SIGNATURE

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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	COITS! OB ATTENDING DHIVE CIAN The fau requires that the death carried he made in the contract of the contract
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	SPITAL

	1. DECEDENT'S NAME (First	, Middle, Last)						DEA		2. DATE OF	DEATH		-	3. TIME OF DEATH
	C	LIFTON	N M	IONROE		WAL	LACI	E		MARC		7 1	992	2:30 A
	4. SOCIAL SECURITY NUMBER 214-18-41		5. SEX		R YRS.	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS. MIN.	7. DATE OF	BIRTH (9) (bar)	1913	s. BIRTH	PLACE (State or Foreign
	90. FACILITY NAME (If not in		street end number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF D				NTY OF D	
TOR	409 PRICE		AD				S/	ALISE	BURY			WIC	COMIC	0
DIRECTOR	10a. STATE MD.	10b. COUNT	ČCOMICO			SALTS		TION Y, ME).					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	. ZIP COD				10g. CIT	IZEN OF V	1 TYES 2 1 NO WHAT COUNTRY?
FUNERAL		409	PRICE'S					218	301				USA	
B≺	11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. YES 2 WAR OR DATES	ARMED NO	- 1	If yes, sp	CENDENT (en, Mexica	NIC ORIGIN? (S nn, Puerto Rice fy:	Specify Yes on, etc.)	or No-	14. RACI Black Spec	E — American Indian, k, White, etc.
ETED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	t6a.	DECEDENT'S	USUAL O	CCUPATIO	ON set of worki	ing.	16b. KI	ND OF BUS	SINESS/INI	DUSTRY	DLACK
COMPLE	Elementery/Secondary (0		College (1-4 or 5		(Give kind of life. Do NOT u		ouring me	of or work	riy	VIC	. PRE	E. OF	FLO	-MIR GIFTS
00	17. FATHER'S NAME (First, M									ME (First, Midd				
BE		MONROE			401 404 1114				PEAR		CKHE			
10	190. INFORMANT'S NAME OF DEV			E				AS A		Route Number,	City or Towi	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITI 1 A Buriel 2 Cremetto 4 Donation 6 Other	ON n 3 🗆 Rem (Specify)	oval Irom State		Nemacre				PARK	4-2	SAL.	ISBUF	City or To	wn, State
	21. SIGNATURE OF TUNERA	L SERVICE LIC	B On	100.		R	NAME A	Z, BI	JX° 5	ŹU; SA		JRY,	MD.	21801
	23. PART I. Enter the di	seasea, or	complications the	t caused/the	death. Do					AL CHA		roton, or		1
	IMMEDIATE CAUSE (Fin	pait lonuia.	List only one cau	ise on each i	line.							ratory en	ast,	Approximate interval Between Onset and Death
	resulting in death)		OUE TO	(OR AS A CON	SEQUENCE O	F):	1,00		364	Sa.1.	7 4-5			g 2000
NO	Sequentially list conditi		b.	(OR AS A CON	DECLIENCE AND		dia	20	604	Lh5.				
CATI	if any, leeding to immed cause. Enter UNDERLYI	NG	002.10	(On AS A COM	SECUENCE OF	r):								
CERTIFICATION	CAUSE (Disease or inju thet initiated events resulting in death) LAS		DUE TO	(OR AS A CON	SEQUENCE OF	F):								
	DADT II Oab M		d											
MEDICAL	PART II. Other aignifice	oul.	a contributing to	death but no	ot reaulting	in the un	nderiying	g ceuse (given in	Part i. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED										_ 1	YES 2	NO NO		OF DEATH?
AN	25. WAS CASE REFERRED TO	MEDICAL					28. PI	ACE OF D	FATH /Ch	eck only one)				
PHYSICIAN	1 ES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	₹:			8 Other (Sc	necify)			
ВУ РН		Pending nvestigation	28e. DATE OF (Month, De		28b, TIM		28c. INJI WO			28d. DESCRI		JURY OCC	CUREO	•
	3 Suicide 8 0	Could not be letermined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, farm, s	dreet, lect	ory, office	,		28f. LOCATIO City or To	N (Street ei	nd Number	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSI	CIAN: To the best of R: On the basis of ea	my knowledge, amination end/	death occurre	ed at the ti	lme, date	end place,	, end due	to the cause(s) end meni	ner es stat	ed. e cause(s)	end menner as stated.
BE	296. SIGNATURE AND TITLE							29c. LICE	NSE NUN	#BER	E I		E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF OEATH (I	TEM 27) (Type,	Print)	dsb.						.30.	16
5	31. DATE FILED (Months Day)	_	BEGISTBAI			,		7						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

EDDIE VELAZQUEZY

M.

1 -

MARYEAND 21215-0020

BALTIMORE.

BOX 68760,

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DIVISION OF VITAL RECORDS.

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 11-07-05 1 M 2 XXF 217-10-2305 86 YRS HOURS be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Salisbury Nursing Home Salisbury, Md. RESIDENCE OF DECEDENT 10a. STATE toc. CITY, TOWN OR LOCATION MD. WICOMICO SALISBURY FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 304 LOCUST TERRACE 21801 the Nospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XXNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Merried 2 Married If yes, specify Cuben, Maxicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 X Widowed 4 Divorced BE COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5 +) 6th HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE WILLEY ELIZABETH WILLEY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 JOSEPH D 1230 FOURTH ST. CROVO hours after death. Page 6 may be BLUE RIDGE. page pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 XBurlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) in by the funeral director, removal. WICOMICO MEMORIAL PARK examiner 21. SIGNATURE OF FUNERAL GERVICE LICES 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SALISBURY, MD. 21801 medicai 23. PART i. Enter the diseases, or complications the caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. 6 filled IMMEDIATE CAUSE (Final l completely filled irial, cremation, o the disease or condition DUE TO (OR AS A CONSEQUENCE OF) reculting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, been signed by the attending physician and con t. of Health and Mental Hygiene prior to burlal, i shows any injury, or other traumatic en CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events injury, or other OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Fart I. PHYSICIAN: MEDICAL 1 YES 2 NO has be Dept. I: After this certificate has r death with the State De is marked, or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Seath with the S marked, or i ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27, MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Jural INJURY 5 Pending Investigation м BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de 3 Sulcide .09 COMPLETED 6 Could not be 4 Homicide 28 detarmined Hem 29a. CERTIFIER Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner se stated. MPORTANT: If 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CONTINEN BE 29c. LICENSE NUMBER D-40190 2 30. NAME AND ADDRESS OF PERSON HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

38 REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

M.D., 1104 HEALTHWAY DRIVE, SALISBURY, MARYLAND 21801

WATSON

2. DATE OF OEATH

3

92 10607 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 3. TIME OF DEATH 25 92 5:30 PM 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH WICOMICO 10d. INSIDE CITY 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify:WHITE 16b. KIND OF BUSINESS/INDUSTRY VA. 20c. LOCATION - City or Town, Stata 3/30 SALISBURY MD Interval Between Oneet and Death 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Monthy Day, Year)

3

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popel C.

and the second

or attended physician.

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STREET, STREET, F.O. BOX 687 69,	Ö	Z
	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	FRAL DIRECTOR: After this certificate has been sinced by the attending physician and completely filled in by th
	9	1

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR						HYGIEN REG. NO	E 92	2	0608
	1. DECEDENT'S NAME (First, Middle, ELEANOR	LUCILI	LE	-	WHITI	te			2. DATE OF MONTH	D/	3-26-		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-03-4710 212-03-4710	5. SEX 1 M 2 XF	8. AGE (In yrs. la 76	YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	7. DATE OF (Month, C	BIRTH Day, Year)		. BIRTHPLA Country)	NCE (State or Foreign EN CO. N.C
TOR	90. FACILITY NAME (If not institution PENINSULA RE- RESIDENCE OF DECEDER	GIONAL MEDI	CAL CEN	TER	9b. CITY		LISE		EATH		1000	OMICC	
DIRECTOR	10a. STATE 10b. C	OUNTY VICOMICO			LISBI		TION						d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 708 JACKSON	ST.				101	218				U.S.A		T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married A Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AI	RMED		If yes, sp	ENDENT (ecity Cube 2XXNO	m, Mexica	NIC ORIGIN? (in, Puerto Ric y	Specify Yes an, etc.)	or No—		Americen Indian, hite, etc. WHITE
COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5		Sive kind of a Do NOT U	work done se retired.)	during mo	ON ist of world	ng			OF EI		ION
BE COM	17. FATHER'S NAME (First, Middle, Li JOSEPH AGUS	rus white						her's na IOLA	ME (First, Mid		Sumeme) HOPK II	NS	
TO E	J. CAREY WH	ITE	11						SBURY,			21801	
	20e. METHOD OF DISPOSITION 1	0.1	20b. PLACE cemetery, cr SAI		RY C.	REMA	TORY		3/28	S SA	cation — ci LISBUI		
	1000 h	alle	N	2	_	501	SNO	WHI		SAL	ISBUR'		. 21801
	23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Finel disease or condition resulting in death)	allure. Liet only one cal	ot cause of the line of the li	-pu					h as cardia		ratory arre	Bt,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	a. August 16	OR AS A CONSE	42020	n: blex		ulac) c	DISEA	ul)			
PHYSICIAN: MEDICAL C	PART II. Other algorificant con	anditional contributing to	death but not	reaulting	In the ur	nderlyln	g cause	given in	Part I. 24	le. WAS AN PERFOR	AUTOPSY BMED?	OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEONE EXAMINER? 1 Sec. 2 No.	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHEI	R:			eck only one) 8 Other (S	Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investig	ation	Day, Year)		JURY M	1 🗆 1	PRK?	□ NO	28d. DESCR	IBE HOW I	NJURY OCCU	REO	
	3 Suicide 8 Could r 4 Homicide determi	building.	OF INJURY — At h., atc. (Specify)	ome, farm,	street, fec	lory, offic	•		281, LOCATI City or	ON (Street a Town, State)	and Number o	r Rural Route	Number,
COMPLETED		PHYSICIAN: To the best of (AMINER: On the basic of a											d manner ee stated,
TO BE	29b. SIGNATURE AND TITLE OF CE	Inlda	do, n	I.D)		29c. LIC	ilo8	MBER PYO		29d. DATE	3/27	inth, Day, Year)
2	30 NAME AND ADDRESS OF PERSON SIFT FOR CANONIC OR MAN	rende 1	mul	M 27 Cyps	Printy.	lecy	4	ria	l. 2,	1801	′		
0	MAR 2.7 1992	Seles Davidson	R S CNATURE			U							

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RE-MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction. The filled within 72 hours after death with the State Durin of Hearth and Mental Horizon and to having companies. BALTIMO

		1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAI	RTMENT	OF I	HEALTH AND	MENT	AL HYGIEN	IE	4	10009
		1. DECEDENT'S NAME (First, Middle, Lest)						DEATH	2. DAT	TE OF DEATH	AY	YEAR 3	. TIME OF DEATH
		4. SOCIAL SECURITY NYMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	1 VEAR	IF UNDER 24 HRS.		3 24 TE OF BIRTH	1 9	2	2:10 A
		227-24-0881	1 🗆 M 2 💢 F	91	YRS.	MONTHS	DAYS	HOURS MIN.	(Mo	rch 22	100	Country)-	ACE (State or Foreign
	œ	9e. FACILITY NAME (If not institution, give				9b. CITY	TOWN	OR LOCATION OF D				TY OF DEA	
	CTO	Salisbury Nursin	ng Home			Sa	lisb	oury, Md.			Wico	mico	
	DIRECTOR	VICALICE 106. COUNT	comack			Y, TOWN C		Teague				10	Dd. INSIDE CITY
	RALD	10e. STREET AND NUMBER				-///	_	H. ZIP CODE			10a CITIZ		YES 2 NO
	NER.	0/3-	Lane					23336			log. Gill.	U.S	·A.
	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO		f yes, sp	CENDENT OF HISPA pecify Cuben, Mexic 5 2 NO Speci	an, Puert	ilN? (Specify Yes o Rican, etc.)	or No —	I4. RACE — Black, V Specify:	American Indian, white, atc.
		15. OECEDENT'S EOU (Specify only highest grad	JCATION le completed)	16a. C	DECEOENT'S	USUAL OC	CUPATIO	ON ast of warding	10	5b. KIND OF BU	SINESS/INDU	STRY	
	PLET	Elementary/Secondary (0-12)	College (1-4 or 5	+1	Heme			ost of working		Se	19		
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	_		, , , , , ,			16. MOTHER'S NA	AME (First	, Middle, Maiden	Surneme)	<u>-</u> :	
76	BE	19s. INFORMANT'S NAME (Type/Print)	Dar	es				Mali	indo	Ty	1 da	//	
notif	2	Nellie Barre	T+		9b. WAILING	ADDRESS	O/I	and Number or Rural			rn, State, Zip C	ode)	23336
must be notified		20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Ren	noval from State	20b. PLACE cemetery, co	AND DATE	ther placa)		ame of	OA	TE 20c. LO	CATION - CI	ty or Town	State
		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- 1//12	chan	22.1	SAME AF	NO ADDRESS OF FA	VOILITY	and C	Kincol	eugn	e Va.
examiner		barstarce	Salyen	horde	~	63	327	Church	Sto	Chinco	teag	ue b	a 23336
medicai		23. PART I. Entar the diseases, or shock, or heert failure.	complications that	t caused the d	leath. Do r	not anter	the mo	de of dying, auc	h ss ca	rdiac or respi	ratory arres	nt,	Approximeta
the	1	IMMEDIATE CAUSE (Finel disesse or condition		-0	0,			2.		- 1			Interval Between Onset and Death
event,		resulting in death)	a. OUE TO	(OR AS A CONSE	EQUENCE OF	9:		Olive	de	eld &	2001		
matic	S	Sequentially list conditions,	b	(OR AS A CONSE	OUENCE OF	n.	CAS.	<u> </u>					
r trau	3	if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury	с		OULHOL OF	<i>y.</i>							
or other traumatic event,	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):							
	3	PAST ii Other significent condition	d.										
	CAL	PART II. Other significent condition	is contributing to	death but not	resulting i	n tha un	iarlying	g ceuse givan in	Part I.	24a. WAS AN PERFOR	MED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE
shows	MED									1 TYES 2	□ NO	OF	DEATH?
23 \$	SICIAN	25. WAS CASE REFERRED TO MEDICAL											
or item	200	EXAMINER?	HOSPITAL:	ER/Outpatient :	DOA	OTHER 4 Nurs	:	ACE OF OEATH (Ch e 5 ☐ Reeldence				1	
		27. MANNER OF OEATH 1 Natural 5 Pending	26e. DATE OF (Month, De		26b. TJM		26c. INJ	URY AT		SCRIBE HOW IN	NJURY OCCU	REO	
is marked,	- H	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE O	F INJURY — At h	ome, farm, a	treet, fecto		YES 2 NO	281, LO	CATION (Street a	nd Number or	Rumi Bout	Mumber
m 28		4 Homicide determined	bollong,	etc. (Specify)					City	or Town, State)			,
IMPORTANT: It its	J. W.	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE	R: On the beels of as	my knowledge, di	eath occurre	d at the tir n, in my op	ne, date Inlon, de	and place, end due	10 the ce	e and place, and	ner ea stated	cause(a) an	d manner ea stated.
PORT	u II	296. SIGNATURE AND TITLE OF CONTINE	111					29c. LICENSE NUM	ABER		29d. DATE S	IGNEO (Mo	onth, Day, Year)
₹ 5	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)		D-2934	9		- 7	124	192
		WILLIAM ROBINS, M	.D., 1104	HEALTH			_S	ALISBURY	_ MD	2180))	-	
5		31. DATE FILED (Month, Day, Year) MAR 2 5 1932	JZ. EGISTRAI	R'S SIGNATURE						210			
		MAD NO 1995	4										

Carrier to

was the manifest of the second

or attending physician.

Use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

BALTIMORE, MARY CAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	HEGISTHAN			-111111	IVAIL	- 01	DEA	П	HEG. NO).		
	1. DECEDENT'S NAME First, ANOTHE LAND	JOHN	KENNE	ЕТН		LIA	MS	ns	2. DATE OF DEATH MONTH 3-1!	392,49	YEAR	L TIME OF DEATH
	4. SOCIAL SECURITY (MINESER 224-34-0119 224-34-0119	5. SEX 1 M 2 F	6. AGE (In yrs. Is	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	-17-31		LACE (State or Foreign
OR	99. FACILITY NAME (If not institution, give a PENINSULA REGIO		AL CENT	ER	9b. CITY		LISBU	ON OF DE		9c. COUNT	OMIC	
ច	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT											
DIRECTOR	VA GREE	NSVILLE			PORIA		TION					Od. INSIDE CITY LIMITS? YES 2 1 NO
4	10e. STREET AND NUMBER					101	ZIP CODI			10g. CITIZE	EN OF WH	AT COUNTRY?
FUNERAL	1100 GRASSY POND						2384			U.S.		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? } IF YES, GIVE W	TY YES 2	NO NO		1 vee en	ectly Cube 2 1 NO	a Maylcan	IC ORIGIN? (Specify Y , Puerto Rican, atc.)	s or No— 1	Bleck,	- American Indian, White, atc. WHITE
	16. DECEDENT'S EDU	CATION	I sto D	ECEDENT'S	Hellar O	DOLIDATIO	No					
"	(Specify only highest grade		188.0	Give kind of version Do NOT us	work done	during mo	st of working	ng	16b. KIND OF BI	JSINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	Cottege (1-4 or 8 d)	E PRI					RETA	AIL MAI	NAGE	MENT
<u> </u>	17. FATHER'S NAME (First, Middle, Last)						18 MOTI	NER'S NAM	NE (First, Middle, Maide	n Sumama)		
BE C	HERBERT WALLACE	WILLIAMS							JDE WRAY	, surremen		
10	190. INFORMANT'B NAME (Type/Print) NANCY LUCY WILLI	AMS	16						oute Number, City or To EMPORIA			47
	20g, METHOD OF DISPOSITION 1 (X Auris) 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cametery, cri		ther plece)			RY	OATE 20c. L	DCATION - CI		n, State
	21. SIGNATURE OF FUNDINAL SERVICE LIN				Ho	DLLO'	WAY	FUNET	TAL HOME			21.001
_	M- 811-K	There	14						RD. SAL			. 21801
	23 Point I. Enter the diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Car	chic a	nest	_	tha mo	da of dyl	ing, such	as cardlec or real	piretory arre	nt,	Approximata interval Batween Onset and Death
N	Sequentially list conditions,	. Acu	OR AS A CONSE	reud	int. o	luga	arliti	1				
CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. ASCY	OR AS A CONSE	OUENCE OF	F):	U						
ERTIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE O	F):							
ပ											,	
EDICAL	PART II. Other algolificant condition	e contributing to	deeth but not	reaulting	in tha un	darlying	g cause g	given in F		N AUTOPSY		PERE AUTOPSY FINDINGS
읡									1 _ YES		0	OMPLETION OF CAUSE OF DEATH?
												YES 2 NO
<u>.</u>									-		1 '	_ 123 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF D	EATN (Cha	ck only one)			
PHYSICIAN: N	EXAMINER?	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHER	₹:			B C Other (Specify)			
Ě	27. MANNER OF DEATN	28s. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URY AT	The state of the s	28d. DESCRIBE NOW	INJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	(MONI), D	uy. rear)	ING	M	1 🗆 1	RK? res 2] NO				
	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, ferm, s	street, 1act	ory, offic			281, LOCATION (Street City or Town, State	and Number of	r Rural Rou	rte Number,
ן ב	29s. CERTIFIER (Check only	CIAN: To the heat of	my knowledge 4	eath con-	ad at the "	me dat-	and place	and the c				
COMPLE	(Check only one) 2 MEDICAL EXAMINE											and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	· am	m					NSE NUMI		29d. DATE	SIGNED (A	North, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH	V (VO) N	. A	PUIN		- L				nish	1. A U	21801
JA	31. DATE FILED (Month, Day, Year)	0 . ~	R'S SIGNATURE				. 54.	-)	3,5	10(1/2	7-67	771/
	MAR 2 4 1992	guha Lavis	Ison-Aand	all								

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

)	1. DECEDENT'S NAME (First		eth (Beti	tv) Brod	eric	k Wir	ter	S	2. DATE MONTH 03-	0F DEATH D	AY	YEAR	3. TIME OF DEATH 9:53 M
	4. SOCIAL SECURITY NUMBER 436-28-2	BER	5. SEX	6. AGE (In yrs. les				IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Dey, Year) -12-22		Count	MPLACE (State or Foreign NY)
201	9a. FACILITY NAME (# not #	SPRAY						CITY	EATH			NTY OF D	ЕАТН
DINECTOR	10e. STATE MD	10b. COUNT	v CESTER			EAN C		TION					10d, INSIDE CITY LIMITS? 1 YES 2 NO
LONERAL	10a. STREET AND NUMBER 6-3 SALT		RD.				101	21842				S.A.	WHAT COUNTRY?
	11. MARITAL STATUS 1 Newer Married 2 3 Widowed 4 Division		FORCES?	NT EVER IN U.S. AR 1 YES 2 T WAR OR DATES	MED		f yes, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2XNO Specif	en, Puarto F		s or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. my: WHITE
CELED	(Specify on Elementary/Secondary (EDENT'S EDU y highest grad 0-12)	JCATION e completed) College (1-4 or 8	+) (G	live kind of . Do NOT u	S USUAL Of work done use retired.)	CCUPATIO	ON st of working		KIND OF BU			RY PRIDE
30	12 YRS. 17. FATHER'S NAME (First, A THEODORE		RICK. JR	0.000	ERK			16. MOTHER'S NA	AME (First, I		Surname)		KI FKIDE
2	19a. INFORMANT'S NAME (PAMELA A)	Type/Print) NN_DOL		19	JEFF:	ERSON	BR	IDGE RD.	BETH	IANY B	EACH.	DE	
	20e. METHOD OF DISPOSIT 1 X Yourlal 2 Cremati 4 Donation 5 Othe	on 3 🗆 Ren	4	20b. PLACE of cemetary SUNS	, cremator	y or other p	AL	PARK ND ADDRESS OF FA			RLIN		
	· W1	ell	ller	n			HOL 501	LOWAY FU SNOW HI	NERAI). SA	LISBU		MD. 21801
	23. PART I. Enter the cahock, or it immediate CAUSE (Fi disease or condition resulting in death)	aart fallure	Liet only one ce		en.	~	the mo	ae or aying, suc	on as cen	sac or resp	iratory ar	rest,	Approximate Interval Between Onset and Deati
EDICAL CENTIFICATION	Sequentially list condi- if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	diete ING ury	c	O (OR AS A CONSE									
	PART II. Other algnific	ant condition	ns contributing to	o death but not	resulting	In the u	nderlyln	g cause given in	Part I.	24a. WAS AN PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2 2	25. WAS CASE REFERRED EXAMINERS	TO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF DEATH (C	heck only or	70)			
DI PHISICIAN:		Pending Investigation	28a. DATE O (Month,	ER/Outpatient : OF INJURY Day, Year)	28b. TI	4 🗆 Nu	28c. IN	Ne 5 Residence JURY AT DRK? YES 2 NO	7	SCRIBE HOW	INJURY OC	CURED	
	2 Accident 3 Suicide 6 Homicide	Could not be datarmined	26s. PLACE	OF INJURY — At h g, etc. (Specify)	ome, farm.	, street, fac	tory, offic	ca .		CATION (Street or Town, State		or Rural	Floute Number,
COMPLEIED	one)		SICIAN: To the best of										(a) and manner as stated.
10 05	296 SIGNATURE AND TITL	16	11	m)			29c. LICENSE NU	MBER	78	29d. DA	3 -	0 (Month, Day, Year)
1	DAUD COLEM	LL M	0 143	S E. 4	RKO	LL	ST	SH	LISB	wy,	MO		21801
A	31. DATE FILED (Month, De)	v 1992	Juna V	PAR'S SIGNATURE	ndall					,			

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

APR - 6 92

4. \$6 2	DECEDENT'S NAME (First, Middle, Lest) Robert			IONIE OI	DEATH	REG. N	O.	
2		Wilson	Wille	y, Jr.		2. DATE OF DEATH MONTH 05	DAY 1992	3. TIME OF DEATH 1:02 A. M
	17-44-2092	XXM 2 □ F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1946 M	ATHPLACE (State or Foreign untry) aryland
PE BE	. FACILITY NAME (If not institution, give street Dorchester Gene ESIDENCE OF DECEDENT			Cambric	or location of d	EATH	Dorch	
DIREC Ma	a. STATE 10b. COUNTY	hester		Y, TOWN OR LOCAL	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
V:	incent Road			10	21835			WHAT COUNTRY?
₩ 3 [MARITAL STATUS Never Married 2 X Married Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. ARMED S X X NO DATES	If yes, s		NIC ORIGIN? (Specify ton, Puerto Rican, etc.) by:	В	ACE — American Indian, leck, White, etc. pecify: White
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade co	FION impleted) College (1-4 or 5+)	(Give kind of ille. Do NOT u	USUAL OCCUPAT work done during in se retired.)	ost of working	16b. KIND OF B	BUSINESS/INDUSTRY	1
WO RC RC	FATHER'S NAME (First, Middle, Last) Obert Wilson	Willey,		CCITCI	18. MOTHER'S NA	ME (First, Middle, Meidle CCa Fitz		
0	n. INFORMANT'S NAME (Type/Print) renda G. Wille	y			and Number or Rural	Route Number, City or To	own, State, Zip Code)	
20a. M.) 4 🗅	Burlet 2 Cremation 3 Remove Donation 8 Donation 9 Other (Specify)	al from State	ob. PLACE AND DATE emetery, cremetory or co	OF DISPOSITION //	ame of	DATE 20c.	LOCATION — City or	rown, State
21.1	MOMATURE OF FUNERAL SERVICE LICEN			22. NAME /	NO ADDRESS OF FA	CILITY		Md 21613
IMA	PARY i. Enter the diseases, or cor ahock, or heert failure. List MEDIATE CAUSE (Final	st only one ceuse on	eech line.	not enter the m	ode of dying, aud	th an cerdiac or res	piratory arrest,	Approximate interval Between
	sease or condition sulting in death)	OUE TO (OR AS	ACCURACE O	e (ud	corne	ula f	aren	e years
NO If a	equentially list conditions, any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):				
CAI the	AUSE (Disease or injury at initiated events soulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
	ART II. Other aignificent conditions	contributing to deeth	but not resulting	in the underlyin	g couse given in		ORMED?	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PES 2 NO
SI 25. V	WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	stpatient 3 □ DOA	OTHER:	LACE OF DEATH (CF	seck only one) 6 Other (Specify)		
	MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	7 28b. TIN	IE OF 28c. IN	JURY AT DRK? YES 2 NO	2ad. DESCRIBE HOV	Y INJURY OCCURED	
-	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, pecify)	street, factory, offi	20	281. LOCATION (Stree City or Town, Sta		al Route Number,
	CERTIFIER (Check only one) 1 CERTIFYING PHYSICI/ 2 MEDICAL EXAMINER:	AN: To the best of my kno						so(e) and manner se stated.
M 58P	SUMMATURE AND TITLE OF CERTIFIER	10 01	$\overline{}$		29c, LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)
0 /	Launto	COMPLETED CAUSE OF			0.C.	M.E.	04/05	5/1992

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the high	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deract		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
2	90		9
may	Dr. Da		ust b
age 6	direct		er m
death. P	funeral		xamin
after	by the	moval	cal
DOURS	ni ba	or re	med
1 24	ly fille	ation,	the
d withi	omplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND /	DEPAR ERTIF	ICAT	T OF H E OF	DEAT	AND I		TYGIENI REG. NO.	E 9	2	10613
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	,	VEAR :	. TIME OF DEATN
	Albert 4. SOCIAL SECURITY NUMBER	M.	4.405 11		Wall						, 199		0:02 PM M
	577-05-8314	1/2 M 2 □ F	6. AGE (In yrs. Ia:	YRS.	MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF (Month, Di	вити 19. 16er) 5, 19	911	Country)	ACE (State or Foreign
V.	9e. FACILITY NAME (If not institution, give e	treet end number)			9b. CITY	r, TOWN C	R LOCATIO	ON OF DE				TY OF DEA	
Ö,	12829 Huntsman W	ay			P	otom	ac				Mont	gome	cy .
FIG	10a. STATE West 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION					1	0d, INSIDE CITY
ā		Morgan		Ber	kele	y Sp.	rings	3				,	LIMITS?
ERAL	100. STREET AND NUMBER Route 4, 80	× 203				101	ZIP CODE	2541	1		10g. CITIZ	S.A.	AT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE VI Not ava	YES 2 1		- 1	Il yes, spe	ENDENT O	n, Mexice:	IIC ORIGIN? (S n, Puello Rice	pecify Yes n, etc.j	or No-	14. RACE - Black, 1 Specify:	- American Indian, White, etc. White
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S	vork done	during mos	N sl of workin	g	1000		INESS/IND		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or /5	+)	ACC!	ount:				C		/ Hou rnitu	se,] re	inc.
BE CO	17. FATNER'S NAME (First, Middle, Lest) Charles		Wal	lace			18. MOTA	ER'S NAI	ME (First, Midd	le, Maiden S	Surneme)	McH	Kinney
TO B	190. INFORMANT'S NAME (Type/Print) Sherri A. DiCarlo								loute Number, (
	20a. METNOD OF DISPOSITION		20b. PLACE					1y, r	Otoma			854 Sty or Town	2000
	1)(XBuriel 2 Cremetion 3 Reme 4 Donation 5 Other (Specify)		cemetery, cre	matory or o	Lemi	eter	У	3/30	/92	Berk	celey	Spri	.ngs, WV
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0 "	0500	22.	Hels.	P ADDRES	S OF FAC	son Fu	nera]	L Hom	e. Ir	nc.
_	- xogo C	_&		10522	38	06 Ur	nion	St.	, Berk	eley	Spri	ngs,	WV 25411
	23. PART I. Enter the diseases, or construction of the state of the st	B	coused the dese on each line	M	i				as cerdiac	or reapin	atory srre	est,	Approximate intervel Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	2.	OR AS A CONSECUTION OF A CONSECUTION OF A CONS	DUENCE OF):):								
CAL	PART II. Other significent conditions	s contributing to	death but not r	esuiting i	n the un	derlying	causa g	iven in I		. WAS AN A PERFORM	ED?	A) Ci	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
PHYSICIAN: MED								_	-			1	□ YES 2 □ NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	ATN (Che	ck only one)		-		
YSI	1 🗆 YES 2 💢 YO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nur	R: Bing Nome	5 🗆 Res	sidence (B XX Wither (Sp	ecity) Da	aught	er's	residence
H	27. MANNER OF DEATN V Netural 5 Pending	28e. DATE OF (Month, Da		28b. TIME	OF	28c. INJU WOF	IRY AT		26d, DEŞCRII				
BY	2 Accident Investigation				treet fact		ES 2 🗌	NO	28f, LOCATIO	N (Street en	d Number o	r Rural Brus	
	2 0 0 0 0 0 0 0	28e. PLACE OF	F INJURY — At ho	me, ferm, s									in Misenhar
E		28e. PLACE Of building,	FINJURY — At horetc. (Specify)	me, ferm, s					City or To	wn, State)		7107017100	e Number,
OMPLETE	3 Sulcide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only)	CIAN: To the best of	etc. (Specify) my knowledge, de:	ath occurre	d at the ti	lme, date o	and place,	end due t	City or To	end menn	er ee state	d.	
E COMPLETED	3 Sulcide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only) ERTIFYING PNYSIC	CIAN: To the best of	etc. (Specify) my knowledge, de:	sth occurre	d at the ti	lme, date o	end place, ath occure	d at the t	City or To	end menn plece, end	due to the	d. ceuse(e) ei	nd menner se stated.
BE	3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEGICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of R: On the beele of ex	my knowledge, de- emination end/or i	sth occurre	d at the ti	ime, date o	ath occure	d at the t	City or To	end menn plece, end	due to the	d. ceuse(e) ei	nd menner se stated.
	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of R: On the best of ex	my knowledge, de: emination end/or i	sth occurre	d at the ti	ime, date e	29c. LICEI	NSE NUM	City or To	end menn plece, end	due to the	d. couse(e) ei signeo (M rch 2	nd menner se stated.

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TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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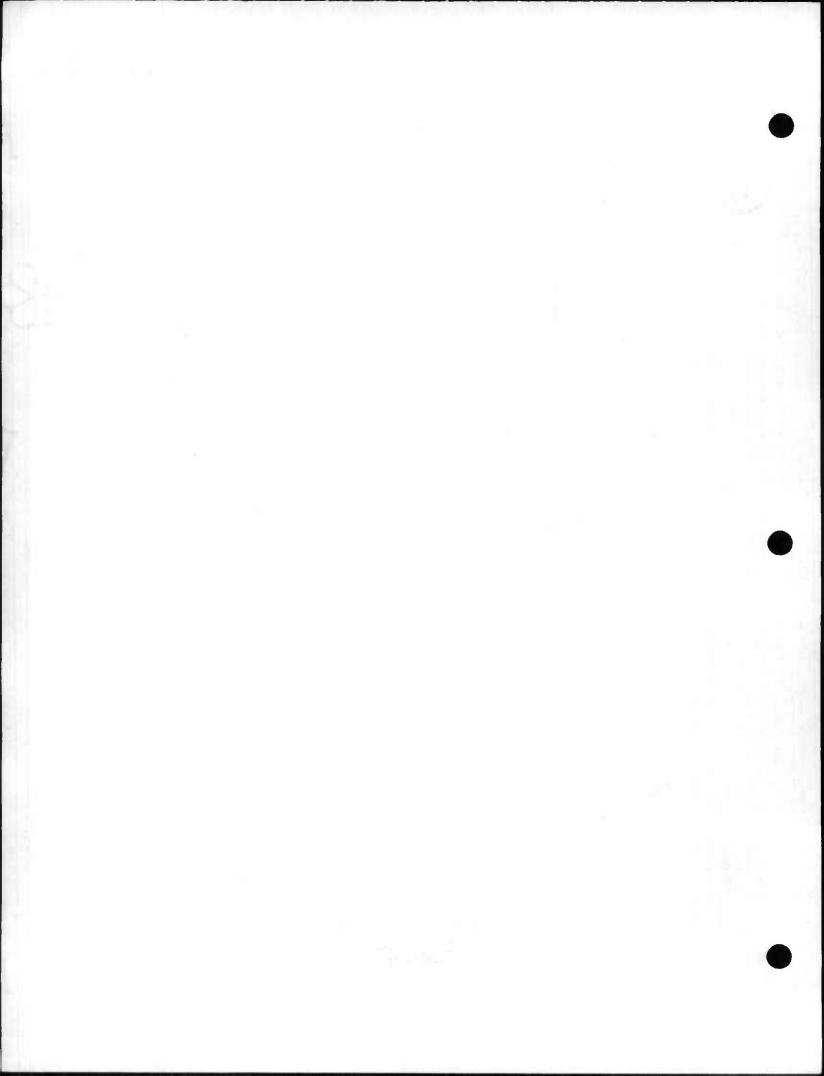
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	IIFICA	IE OF	DEATH		REG. NO.		١.
1. DECEDENT'S NAME (First, Middle, L	LEE					MONT		YEAR	3. TIME OF DEATN
JENNIFER 4. SOCIAL SECURITY NUMBER				TSON		03		1992	
233-17-6570	5. SEX 6. /	VGE (In yrs. last birth	RS. MONTH	DER 1 YEAR	HOURS MIN.	July	of BIRTH h, Day, Year) 5, 197	Cou	TNPLACE (State or Foreign nitro)
9a. FACILITY NAME (II not institution, g Memorial Ho	we street and number)		9b. C	UMDE:	OR LOCATION OF E	_		c COUNTY OF	
RESIDENCE OF DECEDEN						_			
Maryland 106. CO	unty llegany	100	city, tow	Cumb	perland				10d. INSIDE CITY LIMITS? 1 VIYES 2 NO
10. STREET AND NUMBER P. O. BOX	166			10	2150	2	,		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 ' IF YES, GIVE WAR (YES XX NO		If yes, sp	CENDENT OF NISPA Hecity Cuban, Maxic 3 2 NO Speci	an, Puerto		Ble	CE — American Indian, lock, White, etc.
15. OECEOENT'S (Specify only highest of		16a. DECEDE	NT'S USUAL	OCCUPATION	ON	166	KIND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do N		ident	est of working		Educa	tion	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First. I	Middle, Melden Sur	name)	
Robert		Bott	com		Kat		J.		Watson
19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRI	ESS (Street a	and Number or Rural	,	ber, City or Town. S	tete, Zip Codel	
Kathy J. Wat	son				Drive, A				49401
20g. METHOD OF DISPOSITION 1 🔘 Auriel 2 🗆 Cremation 3 🗀 1 4 🗆 Donation 5 🗀 Other (Specify)		20b. PLACE AND D	ATE OF DISP	OSITION (N		OAT	E 20c. LOCAT	ion - City or el Air	Town, Stata
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	O Moos	2	Hels.	O ADDRESS OF F	ACIUTY SON F	uneral		
about	(. Do-	1100.	,,,,	306 1	Union St	reet,	Berkel	ey Spr	ings, WV 25
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCY AS A CONSEQUENCY	CE OF):						
reaulting in death) LAST	d								
PART II. Other significant condi	itiona contributing to dee	th but not result	ing in the	underlyin	g cauae given in	Pert I.	24a. WAS AN AUT PERFORME	D?	No. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICA	L I			26 Pi	ACE DF OEATN (CI	back only or	vel.		
EXAMINER?	HOSPITAL:	Outpetlent 3 🗆 Do	OA 4 D N	ER:	e 5 Residence				
27. MANNER OF DEATN	26s. DATE OF INJU		TIME OF	28c, INJ	URY AT		CRIBE NOW INJU	RY OCCURED	
1 Naturel 5 Pending 2 Accident Investigati	(Month, Day, Ye		50P.	1 🗆 '	PES 2 NO	SUB	JECT J	UMP F	ROM MOVING
3 Suicide 8 Could not	28e. PLACE OF INJ	URY — At home, fe		actory, offic		28f. LOC	ATION (Street and		
4 Nomicide datermine			ROAD				or Town, State) 220& M	OSS S	
	NYSICIAN: To the best of my k	nowledge, death oc	curred at the	e time, date		e to the cau	rse(a) and manner	as stated.	
PID. SIGNATURE AND TITLE OF CENT					29c. LICENSE NU				D (Month, Dey, Year)
1	- JAK						ı î	-	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATN (ITFM 27)	(Type Print)		O.C.M	.Е.		03-2	9-1992
AMDIXE	27	111	PEN	N ST	REET B	ALTI	MORE M	ARYI A	ND 21201
31. DATE FILED (Month, Day, Year) APR 0.1 199	32. AEGISTRAR'S	ASSA RANG	تكني						

4 7	1. DECEDENT'S NAME (First, Middle,	Last	CERTIFIC			MENTAL HYGIEN REG. NO			
	1. DECEDENT S NAME (FIRST, MICOIR)	WALTER CLI	FFGRD WOOD			4	DAY Y	EAR 3. TIME OF	DEATH
1	4. SOCIAL SECURITY NUMBER 160-14-2353	5. SEX 6. AGI		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-13-1911		BIRTHPLACE (State Country) /irginia	or Fore
1	9a. FACILITY NAME (If not institution,			b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY		
O.	Washington Cou	nty HOspital		Hagers	town		Wash	ington	
DIREC	10a. STATE 10b. Co	The second secon	200	TOWN OR LOCA				10d. INSIDE	37
AL	10a. STREET AND NUMBER	11119 CO11	1.		r. ZIP CODE		10g. CITIZEN	1 TYES	
E	11216 Robins (Glenn Drive			21740		1	U.S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR World War	S 2 NO	If yes, sp	CENDENT OF HISPANI Decity Cuben, Mexican 3 2 NO Specify:	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	ns or No 14.	. RACE — American Black, White, atc. Specify: Whi	
ED	15. DECEDENT'S (Specify only highest	EDUCATION	16a, DECEDENT'S US	UAL OCCUPATI	ON	16b. KIND OF BU	ISINESS/INDUS		Le
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	retired.)	ost of working				
COMPL	10 yrs.	set.	Owner/Op	erator		Restur			
S	Walter W.		νď		Hattie	E (First, Middle, Maiden	Surneme)	Marsha	
00	19a. INFORMANT'S NAME (Type/Print)	1100		DDRESS (Street)		oute Number, City or Tox	vn, Stata, Zip Co	Touhy	
2	Phyllis A. V	vood	11216 R		Glenn Dr			, Maryla	ind
	20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 C	Ramovat Irom State	Ob. PLACE AND DATE OF	DISPOSITION (N	ame of	DATE 20c. LC	OCATION — City		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	narons Hil		TIAL Park		Dover	Delewa	re
		0				7606 O		ional Pi	
	Douglas A. 23. PART I. Enter the diseases		ed the death Do one	Bast	Funeral	Home Boo	nsboro	, Maryla	_
	shock, or heart fell	ure. List only one cause on	Goodin Bo not						
	The same of the sa	33 32 34 CONTRACTOR	esch line.		, , , , , , , , , , , , , , , , , , , ,			interv	rai Be
	IMMEDIATE CAUSE (Finel disease or condition	•						Interv	rai Be
	IMMEDIATE CAUSE (Finei	a				(atten		Interv	rai Be
NO	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions,	aDUE TO (OR AS	A CONSEQUENCE OF):					Interv	rai B
CATION	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	aDUE TO (OR AS	car					Interv	rai Be
LIFICATION	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					Interv	rai Be
ERTIF	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):					Interv	rai Bert and
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MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	bDUE TO (OR AS cDUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF):	leek d	g couse given in P	art i. 24a. WAS AN PERFOI	LAUTOPSY RMED?	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH?	PSY FIN
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SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conductions of the conduction of t	B	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the conse	the underlying 28. PI	g cause given in P	Tart i. 24a. WAS AN PERFO! 1 YES 2 k only one)	AUTOPSY RMED?	24b. WERE AUTOF AWAILABLE P COMPLETION OF DEATH? 1 YES 2	PSY FINANCE OF CA
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are conditions in death) LAST 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	B	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the conse	the underlying 28. PITHER: Nursing Hom	g cause given in P	Tart I. 24a. WAS AN PERFOT 1 VES 2	AUTOPSY RMED?	24b. WERE AUTOF AWAILABLE P COMPLETION OF DEATH? 1 YES 2	PPSY FIN
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions in death algorithms in the conditions of	B. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR AS)	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	the underlying 28. PITHER: Nursing Homory M 1	g cause given in P ACE OF DEATH (Checker 5 Residence 8 URTY AT PYES 2 NO	Art i. 24a. WAS AN PERFOI 1 YES 2 k only one) Other (Specify) 28d. DESCRIBE HOW I	I AUTOPSY RMED? I MO INJURY OCCURI	24b. WERE AUTOF AWAILABLE P COMPLETION OF DEATH? 1 YES 2	PSY FIRM OF C
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions in death and initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigations and investigations and investigations are conditioned.	b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. Littona contributing to death AL HOSPITAL: 1 Inpetiant 2 ER/Out (Month, Day, Year) 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Son	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	the underlying 28. PITHER: Nursing Homory M 1	g cause given in P ACE OF DEATH (Checker 5 Residence 8 URTY AT PYES 2 NO	Art I. 24a. WAS AN PERFO! 1 VES 2 k only one) Other (Specify) 28d. DESCRIBE HOW I	I AUTOPSY RMED? I MO INJURY OCCURI	24b. WERE AUTOF AWAILABLE P COMPLETION OF DEATH? 1 YES 2	PSY FINANCE OF CO
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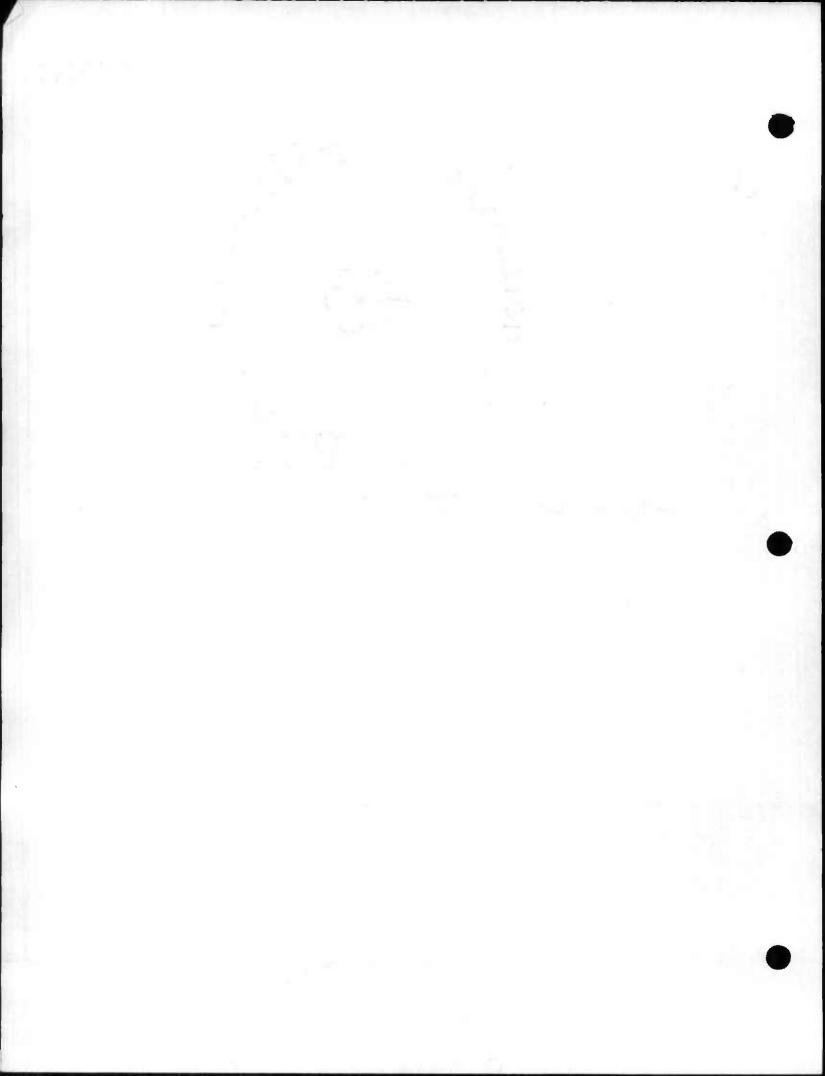
DHMH-18 Rev 1/89

			FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL	REG. NO.			
		1	1. DECEDENT'S NAME (First, Middle, Last) JOY M	ARGUERITE	WINFR	EY			2. DATE (OF DEATH	1992 ^{ve}	AR	ME OF DEATH
			4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH	8.1		E (State or Foreign
-			009-14-7234	1 □ M 2 🔀 F 6	55 YRS.	MONTHS	DAYB	HOURS MIN.	01	21 1		isso	ouri
- (P)	9a. FACILITY NAME (If not institution, give st	treet and number)	-	9b. CITY,	TOWN O	R LOCATION OF D	EATH		9c. COUNTY		
1		OR	102 Hi	awatha Rd.			C	ambrid	ge	i	Do	rche	ester
h	1	상	10s. STATE 10b. COUNTY			TY, TOWN O						10d	INSIDE CITY
yp	=	DIRE		chester		Camb:							YES 2 NO
	t permit.	FUNERAL	100. STREET AND NUMBER 102 Hiawatha	5.g			101.	21613	3		10g. CITIZEN	U.S.	
San	burlal-transit	NE.	102 MIAWALIIA	12. WAS DECEDENT EVER	IN U.S. ARMED	13. V	NAS DEC	ENDENT OF HISPA		? (Specify Yes		RACE - A	American Indian,
MARYLAND 21203-3146 Proposition for the president of attendition officering	as the burial	BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES				City Cuben, Mexico		tican, etc.)		Specify:	white
-03-	JSe as	9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S	work done of		N st of working	16b.	KIND OF BUS	INESS/INDUST	TRY	
212		LET	Elementary/Secondary (0-12) 1 2	College (1-4 or 5 +)	music	,	che	r		col	lege		
LAND 2	detached once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)	0				18. MOTHER'S NA	AME (First, I				
	o d	BE C	James T.	Sleeper				Rui	th A	nn Ho	uck		
MARY	5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural					
	ge 5	-	Mr. Robert H.		102 bb. PLACE OF DISPO			ha Rd.	Cam		e Md.		
ORE	ector,		29a. METHOD OF DISPOSITION X X Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	Old Tri	nity	Ch	urchya			rch C		
BALTIMORE,	0 =		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Thomas J	la.			Locust	T		Fune		Home . 21613
	d in by or remo		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on	each line.						ratory arreal		Approximate interval Between Onset and Death
13146,	ompletely fille il, cremation, event, the		resulting in death)	a. Wefa S	A CONSEQUENCE	OF):	ast	Carl	er-				SMO
		CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b DUE TO (OR AS	A CONSEQUENCE	OF):							
O. BOX	ending physic Hygiene pri or other to	TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):							
P.C	5 - 6	SER	Issuiting in vestily Exor	d									
2	been signed by the attr been signed by the attr pt. of Health and Menta 3 shows any Injury,	EDICAL	PART II. Other aignificant condition	ne contributing to death	but not resulting	In the ur	ndertyin	g cause given i	n Part I.	24a. WAS AN PERFOR	PMED?	OF	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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AL	De De	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF DEATH (C	Check only o	ne)	· · · · · · · · · · · · · · · · · · ·		
VITAL	certificate the State , or Item	YSICI	1 YES 2 10	1 Inpatient 2 ER/Ou		4 🗆 Nu	raing Hor	ne 5 Presidence	1			nen.	
	this with	ВУ РН	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year,		IME OF NJURY M	286. JN W	JURY AT DRK? YES 2 NO	28d. DE	SCHIBE HOW	INJURY OCCU	NEU	
DIVISION	TOR: A after de 28 ls	TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp		i, street, fac	tory, offic	ce .		CATION (Street or Town, State	and Number or)	Rural Rout	Number,
סוֹ	AL DIRE	OMPLE	(Check only	SICIAN: To the best of my known iER: On the basis of examine									nd manner as stated.
	TO THE HOSPI TO THE FUNER TO THE FUNER TO THE MITHIN	E CO	29b. SIGNATURE AND TITLE OF	P				29c. LICENSE N	UMBER		29d. DATE S	BIGNED (M	orith, Day, Year)
	MPOR	OB	Lang Way	decoll	,			D356	22		77	m s	72
	. 7]	-	So, NAME AND AUTHERS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty	pe, Print)	6	D356	0	And	CIDE	- 4	40
	Jes C		31. DATE FILED (Month, Day, Year)	32. REGISTAR'S SI	GNATURE Pand	.00.			1			-	- JH



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TOTAL TOTAL	аде 6 пт	director,	
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DIVISION OF VITAL RECORDS, P.O. BOA 19149,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 LOUIS after death. Page 6 may be a	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page \$ within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	ertificat	ing phy	
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	REGISTRAR		CENT		DEATH	File	EG. NO.	
	1. DECEDENT'S NAME (First, Middle,					2. DATE OF D	DAY	3. TIME OF DEATH
1	Hilda Virgi					March	10, 1992	0645 a
	4. SOCIAL SECURITY NUMBER	6, SEX	6. AGE (In yrs. lest birtho	MONTHS DAVE	HOURS MIN.	7. DATE OF B (Month, Day	(, Year)	BIRTHPLACE (State or Fore Country)
	219-05-5068 9a. FACILITY NAME (If not institution	, A	'11 "		OR LOCATION OF E	7-7-1		MD.
	Citizens Nur	-	GV*		lerick	JEAIN .		rederick
D I	10a. STATE 10b. C	COUNTY	10c.	. CITY, TOWN OR LOC	ATION			10d. INSIDE CITY
	MD. Fr	iederick		Frede	rick			1 🖄 YES 2 🗌 N
LONCHAL	10e. STREET AND NUMBER 2200 ROSE	emont Ave.		1	01. ZIP CODE 21702		_	EN OF WHAT COUNTRY?
101	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yee,	ECENDENT OF HISP/ specify Cuban, Mexic ES 2 NO Speci	can, Puerto Rican		14. RACE — American Indian Black, White, atc. Specify:
	15. DECEDENT (Specify only higher	'S EDUCATION at grade completed)	(Glvn kin	ENT'S USUAL OCCUPA nd of work done during i	TION most of working	16b. KIN	D OF BUSINESS/INDU	Black
LET	Elementary/Secondary (0-12)	College (1-4 or 5+	.)	(OT use retired.)			,	
COMPL	17. FATHER'S NAME (First, Middle, L.	est)	1 Home	maker / D			ome / Pri	vate Sector
5	WILLIAM	H. JONE	25			TE	DUFFIN	
00	19a. INFORMANT'S NAME (Type/Prir			ILING ADDRESS (Stree				Code)
2	SHIRLEY AMBUS	H	113		Rd. / D			20842
	20a, METHOD OF DISPOSITION 100 Burlel 2 Cremetion 3 (☐ Removal Irom State	other place)	ISPOSITION (Name of			20c. LOCATION — C	
	4 Donation 5 Other (Specif		- - 3	Sunnyside	. Cemet	erv	Sunnysid	le. Maryland
	21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE			AND ADDRESS OF I	FACILITY		neral Home
	Rapas	A Sale	rem	22. NAME 162	l Opossu	St mtown P	auffer Fu ike /Fred	lerick Md. 2
	23. PART I, Egyper the disease	ee, or complications the ellure. List only one cau	it coused the death.	22. NAME 162 Do not enter the r	l Opossu	St mtown P	auffer Fu ike /Fred	lerick Md. 2
ERTIFICATION	23. PART I. Epier the disease minor, or haert for immediate CAUSE (Final disease or condition	ee, or complications the efforts. List only one cau	it coused the death.	22. NAME 162 Do not enter the r Succession ACE OF):	l Opossu	St mtown P	auffer Fu ike /Fred	lerick Md. 2
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TO BE COMPLETED BY FUNERAL DIRECTOR

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(NC)	in out the	المقالين المالين المالين
760, BALTIMORE, MARYLAND 21215-0020	d within 24 nours after death. Page 6 may be retained by the hospital or attanding physician. monetain filled in by the funeral director, page 5 should be detached for use as the burlal-trans	versation, or entoyea. Event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. 3 mounts and completely filled in the funeral director, page 5 should be detached for use as the burial-transferential formation of the director of the state of Marian Hadison price or brief in moneyation.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTI	FICATE	OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, L	ast)					2. DATE OF				3. TIME OF DEATH
WILLIAM KI	ENNETH WALI	RAVEN SE				MARCI	H 2	199	YEAR	
4. SOCIAL SECURITY NUMBER	3. SEX 6. /	GE (In yrs. lest birthde	() IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF				2:50 p M
212-03-3928	1 X M 2 F	80 VRS	MONTHS	DAYS	HOURS MIN.	(Month, D	wy, Ybar)		Country)	
90. FACILITY NAME (If not institution, g	A	00		TOWN O	R LOCATION OF DI		.1,			YLAND
	The street and number)					EATH		9c. COUNT	Y OF DE	ATH
AT HOME			MI	LL	INGTON			KI	ENT	
10e. STATE 10b. CO	The second secon	100 0	TTY, TOWN OF	D L OCAT	ION					
MADVIAND	17 17 37 70	100.0								IOd. INSIDE CITY LIMITS?
MARYLAND 10e. STREET AND NUMBER	KENT		MI	W 75	INGTON					K YES 2 NO
				10f.	ZIP CODE			10g. CITIZI	EN OF WH	IAT COUNTRY?
P.O.BOX 2	2				21651				USA	
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. W	AS DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify Yac	or No- 1	4. RACE -	- American Indian,
1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR	R DATES			cify Cuban, Maxica 2 X NO Specify		in, etc.)		Specify:	White, atc.
3 Widowed 4 Divorced	WWI	I			- Qi	,			Specify.	WHITE
15. DECEDENT'S (Specify only highest g	EDUCATION trade correlated	18a. DECEDENT	'S USUAL OCC	CUPATIO	N	16b. KI	ND OF BUS	SINESS/INDU	STRY	WILLE
Elementary/Secondary (0-12)	College (1-4 or 3+)	life. Do NOT	of work done du use retired.)	unng mos	it of working					
1.2		LAB TE	CHNI	CTA	NI	EO	OD E	RODU	CTI) N
17. FATHER'S NAME (First, Middle, Last)		111,111	NOTICE TO	UI A	18. MOTHER'S NA				CIII	JN
DAVIS WAL	D A MEN							,		
19e. INFORMANT'S NAME (Type/Print)	RAVEN	1 405 14411 11	10 1000000	(0)	MARGA	ARET	WEED	MAN		
The state of the s					nd Number or Rural F					
ETEL F. W.	ALRAVEN				MILLIN	GTON	, MD	. 21	651	
20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 F	Removal from State	20b. PLACE AND DAT cemetery, cremetery or	E OF DISPOSIT	TION (Nar	ne of	DATE	20c. LO	CATION - CI	ly or Town	n, State
4 Donetton 5 Other (Specify)		ASBURY	CEME	TER	Y = 3 - 5 - 9	9 2	MIL	LING	TON	MD.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. N	AME AN	D ADDRESS OF FA	CILITY				
Dynam R.	Fellows		FI	ELL	OWS FUN	IERAI.	ном	IE.	2	1651
Laving 2.	0-0-		3	70	W. CYPE	RESS	ST	MITI	ING	CON, MD.
23. PART i. Enter the diseases,	or complications that cau ire. List only one cause o	sed the death. Do	not enter ti	he mod	la of dying, auci	h aa cardlad	or respi	ratory arres	st,	Approximate
IMMEDIATE CAUSE (Final	re. Liet only one cause o	n each lina.		_						Onset and Death
disease or condition		ca of	0,							
resulting in death)	a. DUE TO (OR /	S A CONSEQUENCE	061		7					6 au
	_		o. ,.							
Sequentially list conditions,	b	AS A CONSEQUENCE	OF.							
if any, leading to immediate cause. Enter UNDERLYING	500 10 (011)	A CONSCOUENCE	Or):							
CAUSE (Disease or injury	C	0.1.00100000000000000000000000000000000								ļ
that initiated eventa resulting in death) LAST	DOE TO (OR)	AS A CONSEQUENCE	OF):							
	d									
PART II. Other significant conditions	tiona contributing to deat	h hut not requiting	in the und	eclylpe	cause church to l	Darit I av			1	
		Dat not resenting	in the uno	enying	cause given in	Pert 1. 24	PERFOR		- A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
-						1	YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
									1	YES 2 NO
						_				
23. WAS CASE REFERRED TO MEDICAL				26. PL/	CE OF DEATH (Che	ck only one)				
EXAMINER?	HOSPITAL:	Subartiant 2 - DOS	OTHER:							
27. MANNER OF DEATH	280. DATE OF INJU			8c. INJU	5 Rasidence		-			
1 Natural 5 Pending	(Month, Day, Yes		IJURY 1	WOR	K?	280. DEŞCRI	BE HOW IN	LJURY OCCU	RED	
2 Accident Investigation					S 2 NO					
3 Suicide 8 Could not		JRY — At home, tarm Specify)	street, factor	y, offica		281. LOCATIO	N (Street e.	nd Number or	Aural Rou	te Number,
							co. min			
290. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my ki	nowledge, death occur	red at the time	e, date a	nd place, end due	to the cause/s) end men	ner ee stated		
one) 2 MEDICAL EXAM	IINER: On the beals of examina	ition and/or investigst	ion, in my opis	nion, de	oth occured at the t	lime, data and	place and	due to the	mino(s) a	nd manner se stated
29b. SIGNATURE AND TITLE OF CERTIF							piace, and			
250. SIGNATURE OF CENTIL	TIEN .				29c LICENSE NUM	BER				lonth, Day, Year)
- reacus	cun				N 003	MC		3	14	(92
30. NAME AND ADDRESS OF PERSON	COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)			∞ 1	2	1.		
L. 40Htried	baumanr	7, Ch	este	rto	wn. I	Id.	a)	1620)	
MARE PLEP (MOGYZOW), YOUR)	July Davidson-	fandele.								

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Ing & letters

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INPORTANT If Item 28 is marked or item 23 shows any latery or other transmission and an antiflad of once
R AT	RECT UN'S A	2
10	300	lite.
PITA	ERAI	THE
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FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	52	10619
1. DECEDENT'S NAME (First, Middle, Le		RON		2. DATE OF DEATH DAY		3. TIME OF DEATH 4:49 Am
4. SOCIAL SECURITY NUMBER 212280809	10 M 2 XF S	YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	32 Vi	HPLACE (State or Foreign try) rginia
90. FACILITY NAME (II not institution, gi St. Agnes Hospi RESIDENCE OF DECEDENT		96	Baltimore	EATH	Baltimo	
10a. STATE 10b. COU	NTY ltimore		own or Location			10d. INSIDE CITY LIMITS? 1 N YES 2 NO
100. STREET AND NUMBER 4421 Alan Drive 11. MARITAL STATUS			101. ZIP CODE 21229		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 ANO	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Mexico 1 VES 2 NO Specify	an, Puerto Ricen, etc.)	r No — 14. RAC Blac Spec	E — American Indian, ik, White, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1.0 th 17. FATHER'S NAME (First, Middle, Last)		ille. Do NOT use re	done during most of working tired.)	16b. KINO OF BUSIN		1200
		lineworke		bakery ME (First, Middle, Meiden Su	imame)	
190. INFORMANT'S NAME (Type/Print) Wesley K. Byron			press (Street and Number or Rural an Drive, Apt.	-		21229
23. PART I. Enter the diseases, shock, or heart fellor the diseases or shock, or heart fellor the disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. SMAL DUE TO (OR AS A DUE TO (OR AS A	ich line.	Ambrose Funer 1328 Sulphur enter the mode of dying, such	h aa cardiac or reapire	tory arrest,	Approximate Interval Between Onset and Death
PART II. Other significant condit	ona contributing to death bu	it not resulting in the	ne underlying cause given in	Part I. 24a. WAS AN AU PERFORMI	ED?	x. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	O	26. PLACE OF DEATH (Ch	eck only one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not in	26e. PLACE OF INJURY	26b. TIME OF INJURY — Al home, farm, stree	Mursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW INJU 28f. LOCATION (Street and		Route Number,
4 Homicide determined	(SICIAN: To the best of my knowle NER: On the basic of examination	pdge, death occurred at end/or investigation, in TH (ITEM 27) (Type, Print	the time, data and place, and due my opinion, death occured at the 29c. LICENSE NUI A 5 243	city or Town, Stete) to the cause(s) and menne time, date end place, end c WBER 2528-785	or es stated. due to the cause(-	e) end menner ee stated. O (Month, Day, Year) 115/92.
31. DATE FILED (Morth), Cop. (Nov.) APR 1 6 1992	Julia Davidson 1		TAGNES	tosp. 900	CATON	AVE.



BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYLAND STATE OF MARYLAND	/ DEPARTMENT OF H	HEALTH AND M	ENTAL HYGIENE REG. NO.	92	10620
	1. DECEDENT'S NAME (Filst, Middle, Last)			2. DATE OF DEATH MONTH / DAY	YEAR	3. TIME OF DEATH
1	william Britton			4 10	3 (3)	8 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 2 5 5 5 5 5 5 5 5 5	lesi birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	9 8. BIRT	HPLACE (State or Foreign try)
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) THE PRESIDENCE OF DECEDENT	Balt	1more	гн	Back	more dik
) E	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
	Maryland	Baltimo:	re			LIMITS?
1A	10e. STREET AND NUMBER		1. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	5009 Frankford Avenue		21206	5	U.	S.
5	11. MARITAL STATUS 1 🔀 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S., FORCES? 1 🗌 YES 2 🖸		CENDENT OF HISPANIC ecify Cuben, Mexican,	ORIGIN? (Specity Yes o	r No — 14, RAC	E — American Indian, ik, White, atc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		2 NO Specify:	, , , , , , , , , , , , , , , , , , , ,	Spe	offy:
0	15. DECEDENT'S EDUCATION 18a. I	DECEDENT'S USUAL OCCUPATION	ON	16b. KIND OF BUSIN	ESS/INDUSTRY	Black
COMPLETED	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done during mo fe. Do NOT use retired.)	ost of working			
MP		laborer				
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME	(First, Middle, Melden Su	imeme)	
BE	William H. Britton		Martha	Thompso	n	
2		19b. MAILING ADDRESS (Street 4				
	20e. METHOD OF DISPOSITION	12 N. Arli			., MD	21223
	A DE PONTE DE LA CONTRACTOR DE LA CONTRA	rematory or other place)	ame of	1/10/	TION — City or T	11500
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ND ADDRESS OF FACIL	JTY		
1 3	· hu / land			ll Funer		ıe
	23. PART i. Enter the diseases, Dr complications that caused the	teath. Do not enter the mo	Z-14 W.	North Av	e.	Approximata
	shock, or heart fellure. List only one cause on each ill IMMEDIATE CAUSE (Fine) disease or condition	/ 1		P	tory arreat,	interval Between Onset and Death
	resulting in daeth) a. DUE TO (OR AS A CONS	FOLIENCE OFF	MUHOT	,		
z	- Pressur	" Work	= Int	ection	know	cono
일	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONS	EOUENCE OF):	(1	(() (())	19 cog	
CA	cause. Enter UNDERLYING CAUSE (Disease or injury				V	
CERTIFICATION	that initiated events DUE TO (OR AS A CONS requiting in death) LAST	EOUENCE OF):				
E	d					
AL A	PART II. Other significant conditions contributing to death but not	resulting in the underlying	g ceuse givan in Pa	ort i. 24e. WAS AN AU		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	CHACK GOPPREDIA	Parkinson	7)	1 TYES 2		COMPLETION OF CAUSE OF DEATH?
	Domontia			_		1 - YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					
2	EXAMINER? HOSPITAL:	OTHER	ACE OF OEATH (Check			
H	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATH 28e. DATE OF INJURY	3 DOA 4 Marsing Hom 28b. TIME OF 28c. INJ	e 5 Residence 8 D	Other (Specify) 8d. DESCRIBE HOW INJ	UEV COCURSO	
	1 Natural 5 Pending (Month, Day, Year)	INJURY WO	RK?	ed. DESCRIBE NOW INJ	DRY OCCURED	
ED BY	The state of the s	ome, farm, atreet, fectory, office		8I. LOCATION (Street and	Number or Rural	Route Number,
	4 Homicide determined			City or Town, State)		
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, or	leath occurred at the time, date	and place, end due to	the cause(e) and manne	r se stated.	
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination end/o	Investigation, in my opinion, d	eath occured at the lim	ne, date end place, and o	fue to the ceuse(e) and menner on stated,
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	Cv	29c. LICENSE NUMBE			(Month, Day, Year)
TO B	Hend -	Physician	DZB	4611	14.13	3.72
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (TT	EM 27) (Type, Print)		00	4.1	1
	31. DATE FILED (Month, Day, Year) a 32. REGISTRAR'S SIGNATURE	Hopking 15	July C	role Ba	Its MI	021224
	APR 16 1992 Julia Davidson-Runda	ez.	1			
السنا	(111)	Andrew Control				- 1



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			4. SOCIAL SECURITY NUMBER	Г
			220 30 0973	
	pinou		9a. FACILITY NAME (If not institution, give st	tre
	permit. Pages 1, 2, 3 should	TOR	1101 Roland	
		<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,
	if. Page	FUNERAL DIRECTOR	Maryland	
	Det.	A A	10s. STREET AND NUMBER	
	usit .	KER	1101 Roland Heig	2
20	nysicia nrial-ti	5	11. MARITAL STATUS 1 Never Married 2 Married	
-00	ending physician. as the burial-transit	B	3 Widowed 4 Divorced	
215	use as	TED	15. DECEDENT'S EDUC (Specify only highest grade	C
0 21	retained by the hospital or attending physician 5 should be detached for use as the burial-tranotified at once.	BE COMPLETED	Elementary/Secondary (0-12)	
NA	detach once.	OM	17. FATHER'S NAME (First, Middle, Last)	
4YL	od by the be	3E C	Janis E	}t
A	should offfled	0	19a. INFORMANT'S NAME (Type/Print)	
ال الل	page 5		Elza Buiva	
E S	6 may octor, p		20e METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo	3 V
Σ	Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC	FI
BALTIMORE, MARYLAND 21215-0020	e law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		Jeacus He	1
u	e law requires that the death certificate be executed within 24 hours after has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hyglene prior to burial, cremation, or removal 23 shows any Injury, or other traumatic event, the medical is		23. PART I. Enter the discesses, or c	0
	filled in on, or		IMMEDIATE CAUSE (Final	-8
o,	vithin a pletely rematic		disease or condition reaulting in death)	n.
9/9	d comp urial, c	z		
AL RECORDS, P.O. BOX 68/60,	The law requires that the death certificate be executed within 24 hours is ate has been signed by the attending physician and completely filled in by ate Dept. of Health and Mental Hygiene prior to burial, cremation, or ren tem 23 shows any Injury, or other traumatic event, the media	CIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	14
פ	physical price tra	2	CHOOL (Disease of Hilpi)	200
j	nding Hygier Dr oth	HTI	that initiated events resulting in death) LAST	1.
'n	e death	8	PART II. Other algolificant conditions	
בב	bat the and h ry inj	CAL	PART II. Other algoriticant conditions	
5	signed Health Ws an	EDI		
1	been K. of P	≥		_
AL		JAN	25. WAS CASE REFERRED TO MEDICAL	_
5	ertificate the Stat	rsic	1 YES SAND	1
	HYSIC his cer with th	PHYSI	27. MANNER OF DEATH	
3	ther the eath w	BY	2 Accident 5 Pending Investigation	
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The TO THE FUNERAL DIRECTOR: After this certificate I be filed within 72 hours after death with the State IMPORTANT; If Item 28 is marked, or Item	O BE COMPLETED BY	3 Suicide 6 Could not be 4 Homicide determined	
5	DIRECT HOURS	LEI	29a. CERTIFIER CERTIFYING PHYSIC	
-	SPITAL NERAL Nin 72	OMF	(Check only one) 2 MEDICAL EXAMINER	
	TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: If	E C	29b. SIGNATURE AND TITLE DF CERTIFIER	-
	TO THE TO THE be filed	8 0	KICHARD	
		ĭ	30. NAME AND ADDRESS OF PERSON WHO	,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 10621

1. DECEDENT'S NAME (First, Middle, Last)	Arvids B	uiva			2. DATE OF DEATH MONTH 4-8-19	92	YEAR	3. TIME OF DEATH
220 30 0973	M 2 □ F		F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-27-1	1901	a. BIRTI	
9a. FACILITY NAME (II not Institution, give street 1101 Roland H			b. CITY, TOWN	OR LOCATION OF DE Baltim	ATH	9c. COU	NTY OF C	DEATH
Maryland 106. COUNTY		10c. CITY,	TOWN OR LOCA		altimore			10d. INSIDE CITY LIMITS? POR YES 2 NO
100. STREET AND NUMBER 1101 Roland Heigh			10	Of. ZIP CODE	21211	10g. CIT	U.S	A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR O	ES 2 NO	if yes, a	CENDENT OF HISPAN pecify Cuban, Mexica S ZONO Specify		s or No	14. RACI Blaci Spec	E — American Indian, k, White, etc. //y: White
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Sal	k done during m	ION lost of working	166. KIND OF BU			ompany
17. FATHER'S NAME (First, Middle, Last) Janis Bu	iva			Mat	ME (First, Middle, Meider tilda			
19a. INFORMANT'S NAME (Type/Print) Elza Buiva		1101	Roland	Heights		re, N	lary!	land 21211
20e. METHOD OF DISPOSITION 1-© Burlel 2 □ Cremation 3 □ Remova 4 □ Donation 6 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:		20b. PLACE AND DATE OF Compilery, crematory, or other Metro Crem	atory 22. NAME A	IND ADDRESS OF FAC	4/9 Ca	Hense	7ille Fur	mon, State e, Maryland neral Home land 21211
shock, or feart failure. List IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):						Interval Batween Onset and Death
PART II. Other algorificant conditions c	Cucl,		tha underlyin	ng ceuse given in	Part I. 24a, WAS AN PERFOI	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YOU
	OSPITAL:		THER:	LACE OF DEATH (Che				
27. MANUER OF DEATH Nitural 5 Pending Investigation	28a. DATE DF INJUF (Month, Day, Yea	RY 26b, TIME C	OF 26c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	OURED	
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, atre Specify)	et, factory, offic	De	28f. LOCATION (Street City or Yown, State	and Number)	or Rurel F	Route Number,
29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: 0		nowledge, death occurred of the street and/or investigation,) and manner as stated.
296. SIGNATURE AND TITLE DF CERTIFIER CHARD TO NAME AND ADDRESS OF DESIGN MAD OF	L DIA	MMD		29c. LICENSE NUM	76			(Month, Day, Year)
31. DAW LED (Worth, Day, Year) APR 16 1992	DIPLETED CAUSE OF	l 1.	Bach	MIR	Me ?	2/2/	1	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedio man					DEATT		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2	. DATE OF DEATH		3.	TIME OF OEATH
	Donotho I.	na Da Dari	11.4					MONTH DA		YEAR	
	Dorothe Le					,		April 13	199		M
- 1	4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. lest t		UNDER 1 YEAR	IF UNDER 24		(Month, Day, Year)		a. BIRTHPL	ACE (State or Foreign
	217 09 7003	1 🗌 M 2 💢 F	78	YRS. MO	NTHE DAYS	HOURS	MIN.		110	Country)	
		41	/8						213	Dele	
	Se. FACILITY NAME (If not institution, give a	itreet end number)		96	CITY, TOWN C	OR LOCATION	OF DEAT	Н	9c. COUN	TY OF DEAT	H
5	Maryland Con	aral Hoen	ital		Balti	imama			D- 7		
E	Maryland Gene	stat mosp	Itai		Dall	пиоте			Bal	Limor	e City
H	10a. STATE 10b. COUNT			10c CITY TO	OWN OR LOCAT	TION				Lai	d. INSIDE CITY
E					J. 111 O.1 BO GA1	1011					LIMITS?
	Maryland Bai	ltimore Ci	ity	Ba	altimon	ce				17	YES 2 NO
7 1	10e. STREET AND NUMBER					ZIP CODE			10m. CITIZ		T COUNTRY?
2	1600 II W	D 7 4				01.01	-		111		
FUNERAL DIRECTOR	1600 W. Mount					2121	. /		U.3	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMI	ED	13. WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE	American Indian, Thite, etc.
	1 Never Married 2 Married	IF YES, GIVE WA	YES 2 NO		If yes, sp	ecify Cuben,	Mexican, F	Puerto Rican, etc.)		Black, W	/hite, etc.
BY	3XXWidowed 4 Divorced	IF TES, GIVE W	IN ON DATES		1 U YES	XX NO	Specify:		- 1	Speckey	hite
Ш	15. OECEDENT'S EOU (Specify only highest grade		16e. DECE	DENT'S USU	JAL OCCUPATION done during mo	ON set of weeking		16b. KIND OF BUS	INESS/INDU	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		o NOT use re	tired.)	ist or working					
7 1	12			1-1 0	T			D .	cour.		
3	12		Bric	iai co	onsulta	int		Depart	ment	Store	es
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME	(First, Middle, Malden	Surname)		
	Robert Lee Gr	coon				М.	lowi o	Eichell.			
B	19e, INFORMANT'S NAME (Type/Print)	Tee II	THE STATE OF THE S					Eichelbe			
2	THE THE CHINARY S NAME (Typer-Tint)		19b.	MAILINO ADI	DRESS (Street e	nd Number or	Rural Flour	te Number, City or Town	, State, Zip	Code)	05251
- 1	Robert Lee Gr	reen .Ir	Da	aphy N	Mountai	n Pos	d po	BOX 281	Dorge	+ T7.	JJZJI Drant
					ISPOSITION (Na		4 10			ity or Town,	
- 1	20a. METHOD OF DISPOSITION 1_ Burlal 2 Cremation 3 Rem	ovel from State	cemetery, cremi	story or other	placel		i				
	4 Donation 5 Donat (Specify)		Metro	Cren	22. NAME AN		1	4/14 Cato	nsvil	10 1	Marvland
	21. SIGNATURE OF JUNERAL SERVICE LIC	CENSEE	11	1	22. NAME AN	ND AODRESS	OF FACILI	ITY		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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_	allom	Durau	Llens	11	3639	Falle	Boa	d Raltin	ore	Marar	land 21211
	23. PART I. Enter the diseases, pr	complications that	caused the deat	h Do not	onter the ma	do of dular	ROG	d, Darem	iore,	ricit, y	
	shock, or heart fallure.	List Dnly Dna caus	a pn each lina.	ii. Do not	anter the mo	de or dying), auch a	a cardiac or reapi	ratory arre	et,	Approximata interval Between
	IMMEDIATE CAUSE (Final										Onset and Death
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	resulting in death)	a. Vent	V. auctor	My.	samy	Mmig	Ž				
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z		A	156110		U						
9	Sequentially list conditions,	-	OR AS A CONSEQU	ENCE OF:							
뒿비	if any, leading to immediate cause. Enter UNDERLYING	,									İ
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일Ⅱ	CAUSE (Disease or injury	C		ENOC OF							
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

12 17622

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /				EALTH /			IYGIENI IEG. NO.	Ε .	_	10023
	1. DECEDENT'S NAME (First, Middle, Lest)	COUR	TNEY F					2.	DATE OF MONTH	DEATH	ž,199	YEAR	TIME OF DEATH 4:30 A.
		5. SEX	6. AGE (In yrs. Ia:	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 2	A Mine 7	DATE OF		Τ.		ACE (State or Foreign
	9s. FACILITY NAME (If not institution, give street		91	Tho.	oh CITY	TOWN O	R I OCATIO	N OF GEATH		1,10	9c. COUNT	V 05 0547	MD.
H	830 WEST 40th.		τr					RE,C			90. COUNT	T OF DEAL	n
DIRECTOR	RESIDENCE OF DECEDENT	JIKEE	1		,	L LA	LIMO	RE/C.					
IRE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O								d. INSIDE CITY LIMITS?
	MD . 10e. STREET AND NUMBER]			RE,C	ITY				X YES 2 NO
FUNERAL	The state of the s					10f.	ZIP COOE				10g. CITIZE		T COUNTRY?
INE	830 WEST 40th.		T EVER IN II O A	21150	140.1			212				U.S	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	NO	13. 1	f yea, apa	city Cuban,	HISPANIC (Mexican, Pi Specify:	uerto Rica	pecify Yea 1, etc.)	or No- 1	Black, W	American Indian, hite, atc.
ВУ	3 Wildowed 4 Divorced	ir res, dive w		I W	'	∐ YES	2 F NO	Specify:				Specify:	WHITE
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade co	TION (moleted)	18a. DE	ECEOENT'S	USUAL OC	CUPATIO	N at of working		16b. KIN	D OF BUS	INESS/INDU	STRY	
Щ		College (1-4 or 5	Life.	. Do NOT u	se retired.)	Juning mos	it or working						
MP	12	3			HOUS	SEIN	IG D	EPT.	U	·S.	GOV'		
	17. FATHER'S NAME (First, Middle, Last)							R'S NAME					
BE	KERNER BROWN 190, INFORMANT'S NAME (Type/Print)		1			\perp	_	ARY					
5	- 7.4.77.		- 1								State, Zip C		21211
	RUTH B. BROWN		20b. PLACE					STRE			ATION - CH		.21211
	No Burial 2 Cremation 3 Remove	al from State	DRUI	ametory or o	ther place)			DV A	OATE				, MD . 2120
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	DRUI	1		-	· ·	OF FACILIT		PI	KESAI	.11116	, FID • Z I Z U
	* El: m	12		1							D SON		
	23. PART I. Enter tha diseases, or cor	molications the	Coursed the de	ned Po	49	905	YORI	K ROZ	AD B	ALT.	IMORE	MD,	.21212
	ahock, or heart fallure. Lis	at only one cau	sa on aach line	e. DO	iot aiitar	tha mot	an or dylin	g, such st	cardiac	or respir	atory srres	it,	Approximats Interval Between
	iMMEDIATE CAUSE (Final disease or condition	C	arelat	na	1	Po	ruti	d	Gla	rd			Onset and Dasti
	resulting in dasth) s.	DUE TO	(OR AS A CONSE	OUENCE O	F):	1							70.0
z								-					İ
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OUE TO	OR AS A CONSE	OUENCE O	F):					_			
CA	CAUSE (Disease or Injury							-					
E	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):			_					
#	d.												
CAL	PART II. Other algorificant conditions of	contributing to	death but not i	reaulting	in the un	derlying	cause giv	ven in Pari	l l. 24e	. WAS AN			RE AUTOPSY FINDINGS
									1.7	PERFORI		CO	MPLETION OF CAUSE
ME											90		DEATH?
PHYSICIAN: MED													7
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:					ACE OF DEA	ATH (Check o	inly one)				
YSI	1 YES 2 NO 1	☐ Inpatient 2 ☐	ER/Outpatient 3	□ DOA	4 Nurs		5 Haat	Idence 6	Other (Sp	ecity)			
H	27. MANNER OF DEATH	26a. DATE OF (Month, De			IURY	28c. INJU WOR	RIC?		I. DESCRI	BE HOW IN	JURY OCCU	RED	_
Β	2 Accident Investigation	280 BLACE O	F IM BURY As be	_ ^			ES 2 [_					
8	3 Suicide 6 Could not be 4 Homicide detarmined	building,	F INJURY — At ho atc. (Specify)	ome, larm,	street, facto	ry, office		281		N (Street as wn, State)	nd Number or	Rural Route	Number,
LET	29a, CERTIFIER		_										
COMPLETED	(Check only americal Examiner:												
		1 1		vestigatio	ni, in my of	union, de				place, and	dua to the	ause(a) an	i manner as stated,
BE	296. SIGNATURE AND TITLE OF BERTIFIER	When	(m				29c. LICEN	SE NUMBER	12		29d. DATE S		onth, Day, Yber)
2	30. NAME AND ADDRESS OF PERSON WHILE CO	•	100	M 27) (Torse	Print)		DY	2 6	01			15	92
	GREGORY L.WALKI					[VEF	RSITY	Y PKV	VY.	BAL	rimor	RE,MI	0.21218
- 11													

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thospital or attending physician.

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BALTIMORE, MARYLAND 2121530020

APR 16 1992

32 REGISTRAR'S SIGNATURE
GICHA DAVIDON-RANDELL

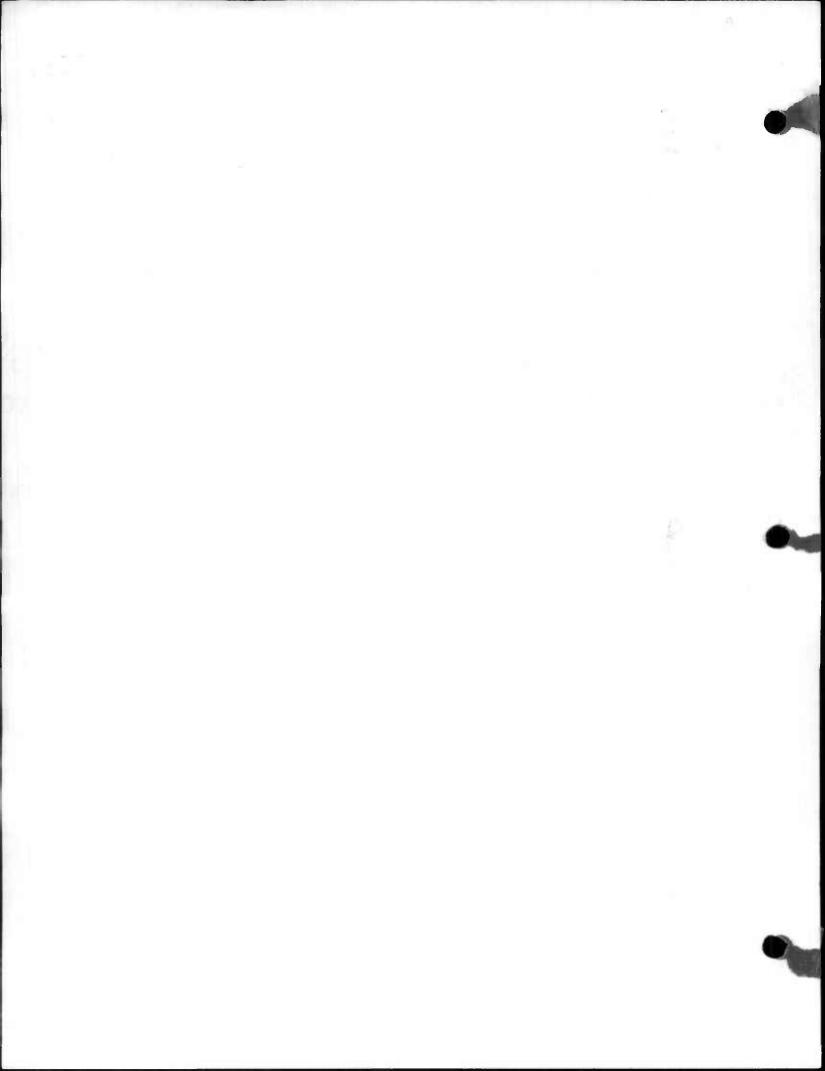
FOR STATE REGISTRAR

1 -

	MARY		BENN	_		LOUISE			\perp	4 1	3	92	4:45
	4. SOCIAL SECURITY NUMI		6. SEX	55200	yrs. last birthday			HOURIN MIL		(Month, Day, Year)	010	Counti	NPLACE (State or Foreign
	225-22-715		1 M 2 F	73	YAS.					an.23, 1	· ·		rginia
~	9a. FACILITY NAME (If not in		street and number)			9b. CITY, 1	RO NWO	LOCATION O			9c. COI	UNTY OF D	DEATN
DIRECTOR	Keswick Ho					10	حل-	tim	re		L		
E C	10a. STATE	10b. COUNT	тү		10c. C	ITY, TOWN OR	LOCATIO)N	_				10d. INSIDE CITY
8	Maryland	Balt	imore			Towsor							1 TES 2 NO
	10e. STREET AND NUMBER			-			101. Z	ZIP CODE			10g. CF	TIZEN OF	WHAT COUNTRY?
EB	706 Seth C	ourt					2:	1204				U.S.Z	Α.
FUNERAL	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN	J.S. ARMED					ORIGIN? (Specify Y	a or No-		E — American Indian, ik, White, etc.
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	20a, METHOD OF DISPOSIT 1XX Burial 2 ☐ Cremati	on 3 🗆 Res	moval from State		PLACE OF DISI other place)							- City or To	
	4 Donation 5 Other		soften /	Ar Ar	clingto			ADDRESS O			11119		Virginia
	21. SIGNATURE OF CHERY	11											050 York Ro
	Ca	di	1.1.			Ru	k T	owson	Fun	neral Hor	ne, I	nc.T	owson, Md.
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	II SHOCK, OF I		Alex Harrison and			not enter t	he mod	e of dying,	auch a	es cardiac or res	piratory a	erreat,	Approximate
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	IMMEDIATE CAUSE (Fi	1 /	/ /	use on esc	ch line.		1	4			piratory a	erreat,	Interval Batwee
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DNMH-16 Rev 1/89



FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The land
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	1. OECEDENT'S NAME (First, Middle, Last)					-			2. DATE	OF DEATH			3. TIME OF DEATH
	MONTH DAY YEAR										10:30 p		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)				1 YEAR		R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	220-20-9503	1 M 2 D F	64	YRS.	MONTHS	NOV .				. 2, 1927	7	Mary	land
~	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN	OR LOCATI	ON OF DE	ATH		9c. COUN	TY OF O	EATH
BY FUNERAL DIRECTOR	57 Belfast Rd.				Ti	Timonium					Ba1	timo	re
	10a. STATE 10b. COUNT				10c. CITY, TOWN OR LOCATION T			TIMO	UINC	M V	V) / LIMI		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER 57 B	elfast Ro	KI	1	1	10	r. ziP cop	510	7	3	10g. CITI	ZEN OF V	THAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	₹ INO		f yes, sp	CENDENT (m Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACE Black Speci	
ᆲ	15. OECEDENT'S EDU (Specify only highest grad	JCATION e completed	16	a. DECEDENT'S (Give kind of	USUAL O	CUPATI	ON		168	. KIND OF BUS	INESS/IND		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT u	se retired.)	sureny m	OST OF WORK	ng		altimor		-	
Ē	17. FATHER'S NAME (First, Middle, Lest)			Forema	n	_				ecreati		nd P	arks
-	Lester W. Brown							zabet		Middle, Maiden : CYAN	Surname)		
70 BE	18s. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRESS	(Street				ber, City or Town	, State, Zip	Code)	
-	William E. Brown	3		315									le,Md.210
1	256. METHOD OF DISPOSITION 1 □ Burial 2/X Cremation 3 □ Reg 4 □ Donation 5/□ Other (Specify)	oyal from State	20b. PL	ACE AND DATE y, cremetory or of Itop Se	OF DISPOS	ITION (N	ame of	,	DAT	77	EATION — (wn, State
	21. SIGNATORE OF FUNERAL SERVICE A	crister/	/HII.	Itop Se			OTP.		16/9	92 10	,011,		
	Monatel Coch	alw h	_		Ru	ıck	Tows	on Fi	mer	1050 Yo	Tn	~	21204
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Dye to	se on eech	IIIne.					1 au car	mac or respi	atory am	eat,	Approximate Interval Betwee Onset and De
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	PART II. Other eignificent condition	na contributing to	deeth but r	not resulting	in the un	derlyin	g couse	given in i	Part I.	24s. WAS AN / PERFORI 1 YES 2		240.	MEME AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (Cha	ck.enly or	ne)			
COMPLETED BY PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER	1:							
	27. MANNER OF DEATH	28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT							28d. DESCRIBE HOW INJURY OCCURED				
	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO									
	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined				arm, street, tectory, office				281, LOCATION (Street and Number or Rural Route Number, Sity Town (Sole)				
	296. CERTIFIER 1 LESTIFFING PHYS									use(s) and mane			and manner as stated
8	296. SIGNATURE AND RIVE OF CENTRAL	About the of experimentor and/or president on, in my opinion, death occurred at the time, date and place, and due						SIGNED	(Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEACH	ATTEN 217 TADA	Prints	_	1,5				7		> 16
	Richard Biggs M 31. DATE FILED (Month, Day, Year)			er Dr.	212	04							
]	APR 15 1992	32. REGISTRA		Jandell	6								
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Chhieng, M.D.

CHHIYNA

-Cheung

31. DATE FILED (Month, Day, Year)
APR 16 1992

for use as the burlal-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Debt, of Health and Mental Hydiens prior to burial, cremation, or remonal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN April 13, 1992 Veretta Curtis 4:18am 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) 1 M 2 X F YRS. 212-46-5490 49 2-25-42 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Maryland General Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 1734 McCulloh Street 21217 .S 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, BY IF YES, GIVE WAR OR DATES 1 TES 2 X NO Specify: Specify: 3 Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) housewife 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Charlie Bennett BE Ella Louise Harvev 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald Adams 734 McCulloh St. Baltimore, MD 21217 20a, METHOD OF DISPOSITION
1 № Buriel 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) Balto. 21. SIGNATURE OF FUNERAL SERVICENCENSEE 22. NAME AND ADDRESS OF FACILITY Irvin Carroll Funeral Home ruin 1712-14 W. North Avenue 23. PART I. Enter the diseases, or complications that caused tha deeth. Do not enter tha mode of dying, such as cardiac or respiratory streat, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Myocardial Infarction resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Hypovolaemia PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Gastro-intestinal bleeding CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 X NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 📉 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 KING CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner se stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner ee stated.

29c. LICENSE NUMBER

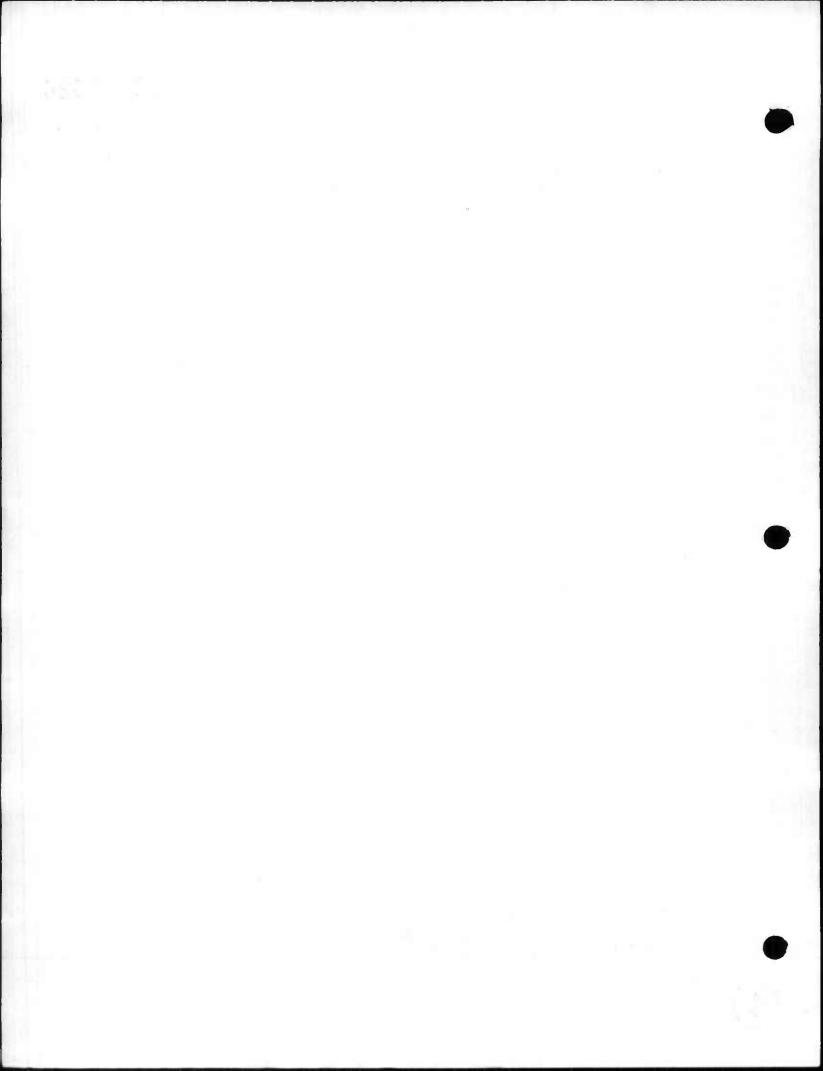
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c/o Maryland General Hospital

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29d. DATE SIGNED (Month, Day, Year)

4/13/92



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92 10627 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Lest) 3. TIME OF DEATH 2. DATE OF DEATH W-Reginald Waymond Chambers 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8/8/32 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign N.C DAYS HOURS MIN. 59 VRS LOM 2 F 227 40 7090 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key DIRECTOR Baltimore RESIDENCE OF DECEDENT Md . Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Turners Station 1 TYES 24 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 South Lane 21222 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Heavy Equip. Operator Bethlehem Steel 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) William Milton Chambers Mary Crawley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Evelyn Simms 114 Carver Rd. Balto., Md. 21222 20a METHOD OF DISPOSITION
111 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cemetery, cremetory or other piece)
Arbutus 4 Donation 8 Other (Specify) 4/20 Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
James A. Morton & Sons a 1701 Laurens St. Balto., Md. Von 21217 23. PARY. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition DUE TO (OR AS A CONSCOUENCE OF): resulting in death) Sleen appece CERTIFICATION Sequentially list conditions, sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 .NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Impatient 2 I ER/Outpatient 3 I DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

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1 (CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) MOU WO 14/97 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Francis Scott Ken My

32. REGISTRAR'S SIGNATURE

Funda Davidson Hondalls



31. DATE FILED (Month, Day Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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2. DATE OF OEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR RICHARD CHENOWETH ELLIOTT 12 1992 April 12:00 A M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Feb. 11, 8. BIRTHPLACE (State or Foreign 1 🕅 M 2 🗌 F Maryland MONTHS DAYS HOURS MIN 215-05-2652 80 1912 page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Manor Care-Rossville DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1200 Windy Gate Rd. 21204 USA executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 (NO Specify: 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INCUSTRY net of working nentery/Secondary (0-12) College (1-4 or 8+) 12 Years Salesperson Real Estate 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Elliott Chenoweth Ada May Fowler BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frances M. Chenoweth 1200 Windy Gate Rd. Towson, Md. 9 20e. METHOD OF DISPOSITION
1 (Y Burlel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION - City or Town, State Must completely filled in by the funeral director. cometery, cremetory or other place)
St. Johns Cemetery 4/14/92 Ellicott City, Md. examiner Armes 7, Burnside, Jr. J. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE, 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home, Inc. 6500 York Rd, Baltimore, Md. 21212 medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate cremation, or IMMEDIATE CAUSE (Final Onset and Death Multiple other traumatic event, the Muttiple Myeloma
DUE TO (DR AS CONSEQUENCE OF): disesse or condition resulting in death) burial. MEDICAL CERTIFICATION DIRECTOR: After this certificate has been signed by the attending physician and hours after death with the State Dept. of Health and Mental Hygiene prior to burn Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE requires that 23 shows any 1 TYES 2 NO OF DEATH? 1 - YES 2 - NO BY PHYSICIAN: WE 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Пеш OTHER **EXAMINER?** 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA HOSPITAL OR ATTENDING PHYSICIAN: 4 W Nurs me 5 Residence 6 Other (Specify) 0 27. MANYER DE DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED hours after death with I INJURY 1 Natural 5 Pending Investigation М 1 YES 2 ND 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beala of axamination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND INTLE OF CHATIFEE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 뿚 33778 ► 4-13-9Z 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jeffrey Schultz, M.D. 8817 Belair Rd. July 32 PEGISTRAPES PRAFILED Baltimore, Md. 31. DATE FILED (Month, Day, Year)
APR 1 6 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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3. TIME OF DEATN

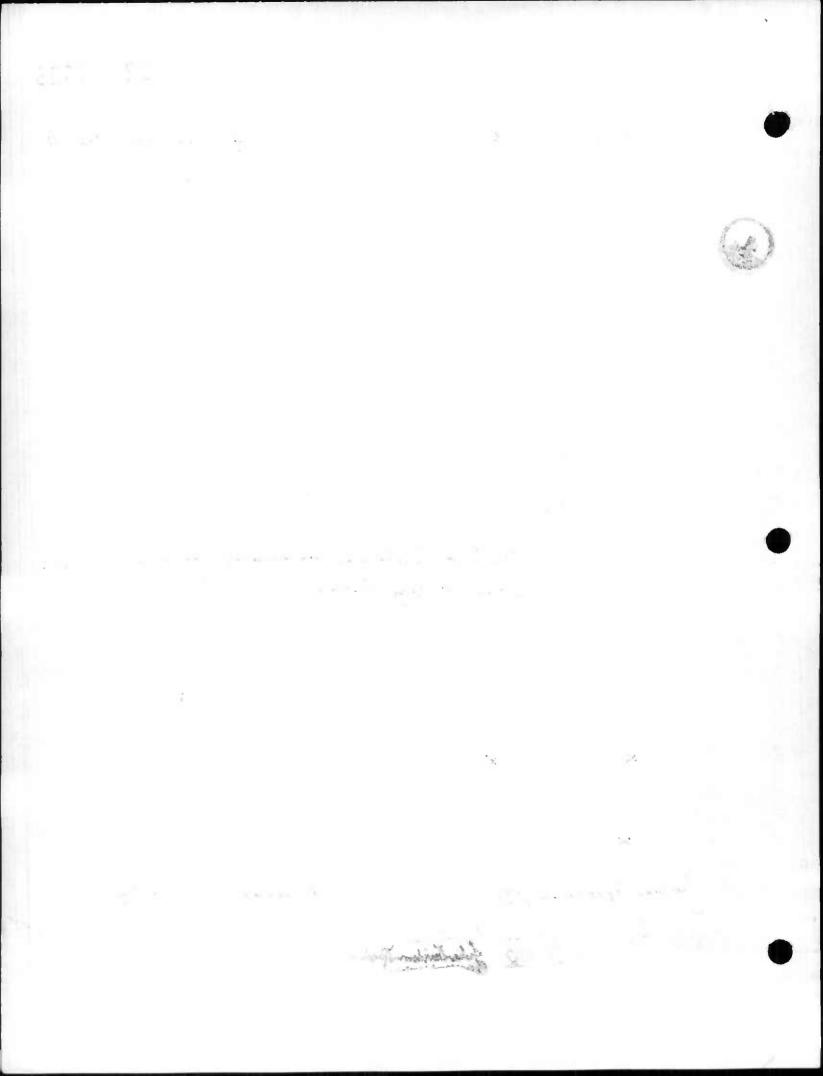
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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 8 may be retained by the hospital or attending physician. If in by the funeral director, page 5 should be detached for use as the bunal-tran or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transhours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

REG. NO.

2. DATE OF DEATN 4/14/92
MONTH /// 9 2 8:16 THOMAS L. CLARK 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. A. BIRTHPLACE (State or Foreign **∞XX** 2 □ F 174-28-8426 53 AUG. 27, 1938 PENNSYLVANIA 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD RESIDENCE OF DECEDENT 10e. STATE -10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD ELLICOTT CITY 1 TYES 2 XXNO FUNERAL 10e, STRFFT AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5006 WORTHINGTON WAY 21043 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES YNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FUNCES? 1 YES XX NO 1 Never Merried 4 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 XXO Specify: Specify. BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5+ CONSULTING ENGINEER COMPUTER SCIENCE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at LEE HARVEY CLARK MARY MATZ 띪 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELIZABETH CLARK (WIFE) 5006 WORTHINGTON WAY, ELLICOTT CITY, MD. 21043 9 20a. METHOD OF OISPOSITION
1 ☐ Burlel 2 XX remetion 3 ☐ Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must METRO CREMATORY 4 Donation 8 Other (Specify) 4/16/92 CATONSVILLE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Mai 5555 TWIN KNOLLS ROAL, COLUMBIA, MD. 21045 medicai 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fellure. Liet only one cause on sech line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Deeth the disease or condition an event, resulting in death) TION DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR ME A CONSEQUENCE OF) cause. Entar UNDERLYING CAUSE (Disease or injury other QUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 10 Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY эш 1 - YES 2 NO OF DEATN? Shows 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 25 NO 1 Inpetient 2 ER/Outpetient 3 I DOA 4 Nursing Home 5 Residence 8 Other (Specify) 50 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO is marked, H X 1 Natural 5 Pending 1 YES 2 NO After death BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: / COMPLETED 28 4 Homicide HOSPITAL DR 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. FUNERAL (= 2 MEDICAL EXAMINER: On the back of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. MPORTANT SIGNATURE AND THE OF CENTIFIER 29c. LICENSE NUMBER 물물물 B 29d. DATE SIGNEO (Month, Day, Year) 015043 770 1/92 223 2 26. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print) HOWARD COUNTY GENERAL HOSPITAL, COLUMBIA, MD. 31. DATE FILED (Month, Day! Year) . . 32: REGISTRAR'S SIGNATURE 1992



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92 10630 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7 58 RICHARD R. COOPER 4-12-92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 9-10-1940 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS BHTHOW HOURS 66174 MARYLAND 217-38-7614 1 X M 2 | F YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 YES 2 XXIO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7717 MEATH ROAD 21222 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 \square NO IF YES, GIVE WAR OR DATES 3/30/62 - 8/3/6213. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)

1 YES NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE TECH WRITER WESTINGHOUSE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CLEMENT P. COOPER JOSEPHINE PASTERNAK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ILLIAN APRIL COOPER 7717 MEATH ROAD BALTIMORE, MARYLAND 21222 20s. METHOD OF DISPOSITION
1 V Burlel 2 Cremation 3 Fig. 4 Donation 5 Other (Specify)... 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata ST. STANISLAUS CEMETERY 4/16/92 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CALDINE TRAISYLMITATION CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO THE AS A CONSEQUENCE OF: CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO Peripheral Viscular COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Herres ZOSTUR 1 TES 2 NO CHRONIC IMMUNIOSUPRESSION PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 N DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) G 6 Could not be detarmined 4 Homicide COMPLET CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL STAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TITLE OF CERTIFIE

COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAP'S SIGNATURE Pandall

4940 LASTURN AVC

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29c. LICENSE NUMBER

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31. DATE FILED (MONTH, Day, Year)
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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296. SIGNATURE AND TITLE OF CERTIFIER

Martin.... 1) 95560

IM.D.

1992 REGISTRAR'S SIGNATUR

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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FOR STATE REGISTRAR 92 10631 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) DAUGHTRY 2. DATE OF DEATH MONTH WILFORD wilterd L 1:09 /3 M Dayghtry 4 91 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 1 0 M 2 0 F DAYS HOURS 214-64-4281 38 YRS. 4-20-53 VA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 U.S.A. 2725 WALBROOK AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: 1 Never Married 2 Mar BY Specify: 3 Widowed 4 🕅 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 12th y/Secondary (0-12) College (1-4 or 5+) DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) ARLENE EVANS EDDIE DAUGHTRY BE 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
3101 KNOX DRIVE/PORTSMOUTH, VA 23704 19e. INFORMANT'S NAME (Type/Print) 2 3101 KNOX DRIVE/PORTSMOUTH. ARLENE JOSEY 20a. METHOD OF DISPOSITION
1 V Burial 2 Cremetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State BALT IMORE "CEMETERY BALTIMORE, MD 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH/1101 E. NORTH AVENUE 10 23. PART I. Enter the diseases, or complications that ceided the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition Seminoma 2 months resulting in death) OUE TO (OR AS A CONSEQUENCE OF): ARDS T WEEK CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) atient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 266. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 6 Pending Investigation 1 YES 2 NO BY 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner ee stated.

2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner ee stated. 29d. DATE SIGNED (Month, Day, Year) 4/12 192 215. Freeze S+ Balto. No. 21201 **DHMH-16 Rev 1/89**

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	ГН		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN	E	. 10032
1	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF OEATH
	DAHLGREN ,	JOHN / John /	Allen D	ahlor	en	04 i	4 199	2 6:05 a.m.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday) IF U	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 86	RTHPLACE (State or Foreign
	220-70-5125 9a. FACILITY NAME (If not institution, give stre	1 ☑ M 2 ☐ F 32			HOURS MIN.			Maryland
DIRECTOR	THE JOHNS HOPK	INS HOSPITAL	В	ALTIMO	RE CITY		BALTI	MORE
REC	10a. STATE 10b. COUNTY		10c. CITY, TOV	VN OR LOCATION	ON			10d. INSIDE CITY LIMITS?
	Maryland	Howard			Laur	el		1 YES 2 1 NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
Ü	9860 Washington				2	0707		USA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2		13. WAS DECE	NDENT OF HISPAN	HC ORIGIN? (Specify Yen, Puerto Rican, atc.)	or No 14. R.	ACE American Indian, lack, White, etc.
84	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			NO Specify		Si	White
	15. DECEDENT'S EDUCA		DECEDENT'S USUA	L OCCUPATION	N	16b. KIND OF BU	I SINESS/INDUSTR	
E	(Specify only highest grade of Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	one during mos ed.)	t of working			
P			Compute	r Ope	rator	Tempo	rary A	gency
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		
BE (Roger H.					miko Ki		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Namiko Dahla	ren	9860 W	ashin	gton B	lvd. #A	Laurel	, MD 20707
	20e. METHOD OF DISPOSITION 1 D Burlel 2 XXCremation 3 D Remove	ral from State 20b. PLAC	E AND DATE OF DIS	POSITION (Nam	ne of	OATE 20c. LO	CATION City or	Town, State
	4 Donetion 5 Other (Specify)	Meti	ro Crem	atory	ADDRESS OF FA	4/14 B	<u>altimo</u>	re, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE			Crema	tion S	ociety o	f Mary	land, Inc.
_	George E.			299 F	rederi	ck Road	Balto	., MD 21228
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ALP LA DUE TO OR AS A CONS	EOUENCE OF):	nei trie mod	a or aying, such	n as ceruled of resp	iratory arreat,	Approximate Interval Batwan Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS DUE/TO (OR AS A CONS	EOUENCE DF):	ene d	eficien	cy synd	none	3 yrs
PHYSICIAN: MEDICAL	PART II. Other aignificant conditiona thrombocytop		t resulting in the	underlying	cause given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Ch	eck only one)		
YSIG	A	1 inpatient 2 ER/Outpatient	3 DOA 4 D		5 🗆 Residence	6 Other (Specify)		
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR		28d. DESCRIBE HOW	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				S 2 ND			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, ferm, street,	factory, office		261. LOCATION (Street City or Town, State)	and Number or Rur	al Route Number,
COMPLETED		IAN: To the best of my knowledge, of the bests of exemination end/o						e(e) end manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER AS Alime to MO				29c. LICENSE NUN	IBER	29d. DATE SIGN	IED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHD			- d - a = 1	T · ·	1 5 1		115
	31. DATE FILEO (Month, Day, Year)		па порь	ins l	nospita	ar Balti	.more,	MD 21205
	APR 16 1992	32. REGISTRAR'S SIGNATURE	ndese					

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be extra TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician as be fired within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traums

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTII	FICATE (OF DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATN
	MARTIN	W.	D	ONNER		APRTI.	13, 199	2 YEAR	5:42 Aw
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday		EAR IF UNDER 24 HR	7. DATE OF I	BIRTH	8. BIRT	HPLACE (State or Foreign
	265-58-4805	1 XM 2 F 7	1 YRS.	MONTHS D.	AYS HOURS MIN	Sent	9, Year) 5,1920	Coun	many
	9e. FACILITY NAME (If not institution, give s	street end number)		9b. CITY, TO	WN OR LOCATION OF			OUNTY OF	
E	THE JOHNS HOPKINS	HOSPITAL		BALTI	MORE CIT	7			
5	RESIDENCE OF DECEDENT			DADI	HORE CIT	L	1		
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. C	TY, TOWN OR L	OCATION				10d. INSIDE CITY
ā	Maryland Balt	imore	To	wson					LIMITS?
A	10e. STREET AND NUMBER				101. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
8	317 Southwind Rd	l.			21204		11	·S.A	
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HIS	PANIC ORIGIN? (S			
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	3 Wildowed 4 Divorced				4			Whi	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT	S USUAL OCCU	PATION	16b. KIN	D OF BUSINESS/II		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)			g most of working				
MP		5+	Medica:	l Docto	r	Ra	diologi	st	
Ö	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S	NAME (First, Middl	e, Malden Surname))	
	Walter Donner				Else 1	Ruehl			
TO BE	19a, INFORMANT'S NAME (Type/Frint)		19b. MAILIN	G ADDRESS (SI	reet end Number or Ru	al Route Number, C	City or Town, State, 2	Zip Code)	
F	Adelheid I. Donne	r_		as #10					
	20a. METHOD OF INSPOSITION	//	b. PLACE AND DATE	OF DISPOSITIO	N (Name of	DATE	20c. LOCATION -	- City or T	own. Slate
- 1	1 Donation 5 DOther (Specify)	/- 1 /	HITTOP S	other place)	Corp.	/18/92	Towson	Md.	21204
	21. SIGNATURE OF FUNERAL SERVICE UP	replyte //		22. NAN	E AND ADDRESS OF	FACILITY,	1000011	, 110.	21207
	MANUAL PA	late IV							
\dashv	Willace Ca	an se							21204
	23. PART I. Enter the diseases, pro ahock, or heart failure,	List only one ceuse on	ed the death. Do	not enter the	mode of dying, s	uch as cardiac	or respiretory a	rreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final								Onset and Death
	disease or condition resulting in death)	. Gran	Negat	tive 3	Sepsis/	CMV in	fectio.		14 days
		DUE TO (OR AS	A CONSEQUENCE	OF):					7 000,73
Z	Sequentially list conditions,	. Immu	A CONSEQUENCE	ressia	~				37 days
Ĕ	if any, leeding to immediate								7-1
ਨੂੰ	CAUSE (Disease or Injury	e Heart	A CONSEQUENCE	shate	tion				37 day
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE ()):					/
H	resulting in destin) EXST	d							
<u>ا</u> ا	PART il. Other aignificant condition	s contribution to death	but not requition	in the under	hulaa aassa ahssa	- Deat Las			
EDICAL		and the same	out not resulting	m me unuer	lying ceuse given	In Part I. 24e	PERFORMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Renal In	sofficiency				10	YES 2 NO		COMPLETION DF CAUSE OF DEATH?
									1 YES 2 NO
ž	1								
ਤੇ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATN (Check only one)			
PHYSICIAN: M	1 TYES 2 MNO	1 Impetient 2 I ER/Out	petient 3 🗆 DOA		Nome 5 Residence	e 8 🗆 Other (Spi	ecity)		
표	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. T#	ME OF 28c	INJURY AT WORK?	28d. DESCRIE	E NOW INJURY O	CCURED	
à	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO				
- 1	3 Sulcide 6 Could not be	26e. PLACE OF INJUR building, atc. (Spe	Y — At home, larm,	street, factory,	offica	281, LOCATION	N (Street and Number	er or Rural i	Route Number,
<u> </u>	4 Nomicide detarmined					City or Tox	wii, Olally)		
COMPLETED	29e. CERTIFIER (Check only	CIAN: To the best of my know	wiedge, death occur	red at the time.	date and place, and d	un to the cause(s)	and manner on et	atod.	
<u> </u>		R: On the beels of exemination							t) and manner or stated
	29b. SIGNATURE AND TIPLE OF CENTURER								
4	11 - Yr-6	1 =	Surgical R	r. Hant	29c. LICENSE N	UMBER	29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND AUDIESS OF PERSON WIN				Bases	D3874	.5	24/1	3/92
	TO A THE AMESS OF PERSON WAS	COMPLETED CAUSE OF D							11
	Nettra A. D.	ebinh.D.	Johns H	opkins	X-Firedt.	- 600 N	. Wolfe	St. 13	altimore 21209
	31. DATE FILED (Month! Day, Year)	32. REGISTRAR'S SIG	NATURE		-				
	APR 12 6 1992 4	ind Davidson Ray	nde 192						
	U								DHMH-18 Rev 1/6



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FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	58760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	burial, cremation, or removal.
IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	tic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	TIFICATE O	F DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	'N	3. TIME OF DEATH	
Agnes	E.	DEFONTES			April	13. 199	92 6:15 P	
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 D F	8. AGE (In yrs. lest birti	rs. MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Yes	d (B. BIRTHPLACE (State or Foreign Country)	
213-09-8913 Ba. FACILITY NAME (If not institution, give		74 Y		OR LOCATION OF E	03-24-19 DEATH		Baltimore, Md.	
Franklin Square Hospital Baltimore Baltimore								
Maryland Balt.	imore Cou		Baltimore				10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	HIDTE COU	iity		of, ZIP CODE		1 40 0000	1 TES 2 NO	
9207 Chenoak Cou	rt			21234		U.S.	A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	If yes,	ECENDENT OF NISPA specify Cuban, Maxic ES 2 M NO Speci	NIC ORIGIN? (Specifican, Puerto Rican, atc	۵.)	14. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give ki	ENT'S USUAL OCCUPAT	FION most of working	16b. KIND OI	F BUSINESS/INDU		
9th Grade	College (1-4 or 5-	-)	ity Contr	ກໄ	Tntox	mation=	ıl Paper	
17. FATHER'S NAME (First, Middle, Last)		Qua	LLCY COILCI		AME (First, Middle, Mi		ir raper	
Ernest		Waxter			. Switzer			
19a. INFORMANT'S NAME (Type/Print)			ILINO ADDRESS (Street					
Albert F. DeFonte	es						and 21234	
1 Surial 2 Cremation 3 Rer	noval from State	cemetery, cremato	pate of disposition (in the place) and the place in the p			LOCATION — C	ty or Town, Stata	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- TROLY IN	John	AND ADDRESS OF F. C. Mille:	ACILITY T. Inc.	пспюге	Maryland	
Dathlun	M. Mes	ysker	6415	Belair Ro	oad. Balt	imore.	Maryland 2120	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEQUEN						
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO	(OR AS A CONSEQUEN	CE OF):					
PART II. Other significent condition	ons contributing to	death but not resul	ting in the underivi	na cause alven ir	Dare I Day We	S AN AUTOPSY	24b. WERE AUTOPSY FINDING	
					PEI	RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatlant 3 🗆 0	OTHER:	PLACE OF DEATH (C				
27. MANNER OF DEATN	26a. DATE OF	INJURY 26	b. TIME OF 28c. II	JURY AT	6 Other (Specify) 28d. DESCRIBE H		JRED	
Netural 5 Pending 2 Accident Investigation	(Month, D		M 1 [ORK? YES 2 NO				
3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At home, 1 atc. (Specify)	arm, street, factory, off	len	261. LOCATION (St City or Town, S	reet and Number o	r Rural Route Number,	
		my knowledga, death o					f. cause(s) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			SIGNEO (Math. Day, Year)	
30 NAME AND ADDRESS OF DEDCEM	HO COMPLETED COM	C OF BEATTI WATER		1 119	40/	141	113/1-	
AN MYO THAN		PRANKLI (e, BALL	70, HD	2123	7	
29a. CERTIFIER (Check only one) 1 DERTIFYING PHYS 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI	HO COMPLETED CAUS 10 / 32. REGISTRA	SE OF DEATH (ITEM 27)	(Type, Print)	29c. LICENSE NU	tima, data and place	a, and dua to the	cause(a) and manner as	

Pages 1, 2, 3 should

permit.

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13146,	
BOX	
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RECORDS,	
OF VITAL	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	8	3

FOR STATE REGISTRAR		STATE OF M	MARYLAND / DEPA CERTIF	RTMENT OF H		MENTAL HYGIENI REG. NO.		10635
1. DECEDENT'S NAME (First,			Edwa	nos		2. DATE OF DEATH MONTH DA	/92 YEAR	3. TIME OF DEATN
217 22 9		5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 12/26/19:	8. BIRT Coun	NPLACE (State or Foreign try)
98. FACILITY NAME (IF not in:	id 7	Treet and number)	Ke DR.	BAL	toc Cit	ATN /	9c. COUNTY OF	DEATN
10e. STATE Md	10b. COUNTY	,	19 <u>6</u>	TY, TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1 YES 2 NO
727 DRUIC	& PA.	ek LAK.	= DR.	10	7. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 News Merried 2 3 Widowed 4 Divo	Married		AT EVER IN U.S. ARMED YES 2 NO MAR OR DATES	If yee, sp	CENDENT OF NISPAN ecity Cuban, Mexicar 3 2 NO Specify.		or No- 14. RAC Bloc Boo	CE — American Indian, ck, White, etc.
	EDENT'S EDU highest grade		(Give kind of	S USUAL OCCUPATI f work done during mo use retired.)		16b. KIND OF BUS	INESS/INDUSTRY	

Hadys 4. SOCIAL SECURITY NUMBER 214 22 9611 9a. FACILITY NAME (If not institution, giv DRuio DIRECTOR RESIDENCE OF DECEDENT 10a. STATE Md FUNERAL 10a. STREET AND NUMBER 11. MARITAL STATUS 1 News Married 2 Married BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12) House Wife COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'B NAME, (First, Middle, Maiden Surname) AMES ROSEHA GUN9 AEW BE 19a, INFORMANT'S NAME (Type/Print) 19h MAILING ADDRESS (Stre City or Town, State, Zip Code) 2 AWEtte BAlto Mo ockwood 2/2/8 MORRE 20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation Name of cometer STAR 20c. LOCATION - City or Town, Blate
CATONS VILLE / 20b. PLACE OF DISPOSITION (Name on 3□R pther plage) 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. BROWN 1266 W. North AVE won 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Batween **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) dedeo Var en DUE TO (OR AS A CONSEQUENCE OF): DUE TO OR AS A CONSEQUENCE OF: CERTIFICATION Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING ASCU CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 Deunleral 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: OTHER:
4 ☐ Nursing Home 6 ☐ Residence 6 ☐ Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Nomicide 29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D12737 Elm 10 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) STRUCH NURNA 31. DATE FILED (Month, Day, Year) 16 1992

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must

or other traumatic event,

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31. DATE FILED (Month, Day, Year)

APR

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1992

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Lia Davidson

-Randalle

BALTINORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. The Person of the may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the home and controlled in the home and)	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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24	y fill	tion	#
within	mpletel	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	vent.
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92 10636 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HARRIETT 3. TIME OF DEATH MARJORIE ELLIS YEAR 45 9 HARRIETT April 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State of Foreign Country) DAYS HOURS 220-40-8481 1 🗌 M 2 💢 F 88 24,1903 Nov. Florida FACILITY NAME (If not institution 99. FACILITY NAME (II not institution, give street end number Union Memorial Hospital Baltimore City 9c. COUNTY OF DEATH DIRECTOR PALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4808 Richard Ave. 21214 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 YES 1 Never Married 2 Married FORCES? 2 X NO If yes, specify Cuban, Mexicon, Puerto Ricen, etc.) IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 Wildowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 8 yr's Housewife 17. FATHER'S NAME (First, Middle, Last) ta, MOTHER'S NAME (First, Middle, Maiden Surname) Sprague Butler Marinda Marie BE McCormick 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 2 Miss Barbara Ellis Same as #10 20e. METHOD OF DISPOSITION

1 X Burlel 2 Cremellon 3 Ren
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Park 4/16/92 Moreland Mem. Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, MD Paul L Harbock Leonard J. Ruck, Inc. 5305 Harford Rd. 23. PART I. Enter the disesses, or complications are caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Bstween IMMEDIATE CAUSE (Final Onset and Death disesse or condition Seps/S DUE TO (OR AS A CONSEQUENCE OF): Se resulting in death) CERTIFICATION Sequentially tlat conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? I YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 25 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing He 5 Reeldence 8 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. (Check only one) 2 __ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) end manner ee stated. 296. SIGNATURE AND TITLE OR CERTIFIES BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 19

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1 - STATE REGISTRAR 1. DECEMENT'S NAME (First, Middle,		CERT		E OF DEA	TH 2.	REG. NO		3. TIME OF DEATH
BRENO	l A	6	Ros	SS		04 - 1	in lar	92 6 Am
4. SOCIAL SECURITY NUMBER 219_40-6042	5. SEX 1 M 2 F	6. AGE (In yrs. last birth	MONTHS	R 1 YEAR IF UNDE		DATE OF BIRTH (Month, Day, Yorr)	13	BIRTHPLACE (State or Foreign Country)
1 11	give street and number)	othwest		Y, TOWN OR LOCAT			9c. COUNT	TY OF DEATH
RESIDENCE OF COCCEDEN 106. STATE 106. CO			ALTIMO					10d. INSIDE CITY LIMITS? 1XXYES 2 NO
19. STREET AND NUMBER 2910 REISTERST	OWN ROAD A	PT. 107		10f. ZIP COC 212	_			EN OF WNAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 NO		WAS DECENOENT If yes, specify Cub	en, Mexicen, Pu	RIGIN? (Specify Ye erto Rican, atc.)	4. RACE — American Indian, Black, White, etc. Specify: BLACK	
15. DECEDENT'S (Specify only highest) Elementery/Secondery (0-12) 12th 17. FATHER'S NAME (First, Middle, Last)	EDUCATION grade completed) College (1-4 or 5 +	(Give kind life, Do No	NT'S USUAL O d of work done OT use retired.) EMPLOY	during most of work	ing	16b. KIND OF BU	SINESS/INDU	
LEON G. BOWEN)			MAR	GARET			
ROBIN WHYE		19b. MAII 607	GEORG	S (Street end Numbe E ST. AP	T. 4/B	Number City or Tow ALTIMORI	n, State, Zip C	21201
26a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 4 Donation 6 Other (Specify)		20b. PLACE AND DI		CEMETERY				LE, MD
21. SIGNATURE OF FUNERAL SERVICE	tte K.	Jones		M.C.MARC			. NORT	H AVENUE
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	OR AS A CONSEQUENCE	CE OF):			outdid of feep	natory arrea	tt, Approximata Interval Betwee Onset and Das
Sequentially ilst conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	OR AS A CONSEQUENC						
PART II. Other significant condi	tions contributing to d	faath but not resulti	ng in the un	derlying cause	given in Part	i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTA	26. PLACE OF 0	EATH (Check or	ily one)		
1 VES 2 NO		ER/Outpatient 3 DO		sing Home 5 🗌 Re				
1 Natural 5 Pending 2 Accident Investigati	(Month, De	(, Year)	TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2		DESCRIBE HOW I	NJURY OCCUI	REO
3 Suicide 6 Could not		INJURY — At home, fer ic. (Specify)	rm, street, fact	ory, office	281.	LOCATION (Street a City or Town, Stete)	and Number or	Rural Route Number,
29e. CERTIFIER Chack only one) 2 MEDICAL EXAM	HYSICIAN: To the best of n	ny knowledge, death occ mination end/or inveatig	curred at the ti	ime, date end place	, end due to the	date end place, en	nner es stated.	euse(s) and manner es stated.
296. SIGMATURE AND TITLE EN CENT		ou.)			RSE NUMBER			GIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27)	Type, Print)	Leisters	form	Rd	2	1208
31. DATE FILED (Morgh, Day, Year)	32. REGISTRAR	S SIGNATURE	India.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH		
		ALI	CE		GR	IFFI	N			APRI	DAY YEAR					
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. Ia	st birthday)		A 1 YEAR	IF UNDER		7. DATE	OF BIRTH			PLACE (State or Foreign		
	214-36-16	37	1 M 2 X F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	07-	16-37			ryland		
	9e, FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
6	THE JOHNS H		HOSPITA	L		BALITMORE CITY BALTIMORE					RE					
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			I soc CIT											
E	Maryland	200	LIMITS?													
٦	10e. STREET AND NUMBER						10f. ZIP CODE 10g. CITIZEN OF WHAT					1 X YES 2 NO				
R/	1400 E.	Madie	on Awer	47 Q+	An+						U. S.					
FUNERAL	11. MARITAL STATUS	210.02.2	12. WAS DECEDEN	T EVER IN U.S. AL	RMED		WAS DEC	ENDENT (OF HISPAN	VIC ORIGIN	? (Specify Yes		14. RACE	- American Indian.		
BY F	1 Never Married 2		FORCES? 1	YES 2 X	NO			ecify Cube 2 X NO		m, Puerlo F v:	lican, etc.)		Black Specif	, White, etc.		
	3 🖾 Widowed 4 🗌 Divo	rced												Black		
COMPLETED	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)	16a. Di	ECEDENT'S Give kind of a Do NOT us	USUAL O	during mo	ON ast of workli	ng	16b.	KIND OF BUS	BINESS/INI	DUSTRY			
٦	Elementary/Secondary (0	-12)	College (t-4 or 5	•)												
ME	17. FATHER'S NAME (First, M	Iddle (net)			louse	wif	е									
Ö	Louis Jo							1			Aiddle, Meiden	Sumame)				
BE	19a, INFORMANT'S NAME (7		-	ts	b. MAILING	ADDRES	S (Street a	A I	nnie	Route Numb	rgan	n State 7is	n Corlei			
5	Annie Joh	nson												, MD 2120		
	204. METHOD OF DISPOSIT	ON	- CHARLOS CHIC	20b. PLACE	AND DATE	OF DISPOS	SITION (No		1 50	OATI	20c. LO	CATION -	City or To	wn, State		
	1 X Buriel 2 Cremetic 4 Donation 5 Other		oval from State	cemetery, cri	Zior	ther place)					l7 Ba					
	21. SIGNATURE OF FUNERA	. /	}	00				ID ADDRE		CILITY						
	> Street	n) (arra	W.							ll Fu			ome		
	23. PART I. Enter the di	seasea, or c	pmplications the	t caused the d	eath. Do r	not entar	the mo	de of dy	Ing. auc	h as card	orth	Aver	nue	Approximate		
	shock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in death)	al	List only one cau			rea Fi	st	Ca	nce					Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
	PART II. Other algnifica	nt condition	a contributing to	deeth but not	resulting	In the u	nderlyin	ceuse	given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS		
MEDICAL	Hyperca	cem	ia								PERFOR	2		MAILABLE PRIOR TO COMPLETION OF GAUSE		
Ä	Brain Me	etasta	SIS								/	/\		OF DEATH?		
ž																
N N	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						ACE OF D	EATH (Ch	eck only on	9)					
Į Sį	1 TES 2 NO		HOSPITAL:	ER/Outpatient	DOA	4 Nu		e 5 🗆 Re	sidence	6 🗌 Other	(Specify)					
BY PHYSICIAN:		Pending nvestigation	28e. DATE OF (Month, D	INJURY lay, Year)	28b. TIM	E OF URY M		URY AT RK? /ES 2	□ NO	28d. DES	CRIBE HOW IF	JURY OC	CURED			
	3 Suicide 6	Could not be Setsimined	28s. PLACE O building,	FINJURY — At he atc. (Specify)	ome, farm, i	street, tec	tory, offic			281. LOCA City o	ATION (Street e or Town, State)	nd Number	r or Rural A	oute Number,		
COMPLETE			CIAN: To the best of R: On the besis of a											end menner se stated.		
	-	OF CENTIFIER							ENSE NUN		and the second			(Month _{st} Day, Year)		
TO BE	30. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CALL	DE OF OFATH STE	M an /I	Detect		ل	79	68		> L	1 / I	2/92		
	KIRSI AL	LISOI	UMD	110 To			·H-	H-	600	Nu	JOL FE	B	ALT	DMD		
	APR 16 19	92	32. REGISTRA	er's signature	02											



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BALTIMORE, MARYLAND 21215-002(ar danth

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATN			3. TIME OF DEATH
	ARCHIE	G	REEN		04 11								
	4. SOCIAL SECURITY NUMBER	RONALD 5. SEX	8. AGE (In yrs. las		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	NPLACE (State or Foreign
	218-62-7374	1 XM 2 - F	36	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	/ 14/5	5.5	Count	Maryland
	9s. FACILITY NAME (If not institution, give a							ON OF DE		/14/.		NTY OF D	
۳ ا	BON SECOUR HOSPIT				ore C								
DIRECTOR	RESIDENCE OF DECEDENT					Mile Main Main							
Ä	10e. STATE 10b. COUNTY	10c. CITY	CITY, TOWN OR LOCATION 10d. INSIDE CITY						10d. INSIDE CITY LIMITS?				
	Maryland				Bal	timo	re			1 X YES 2 NO			
A	10e. STREET AND NUMBER	· · · · · · ·				10	of. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1335 Division	Street						2.1	217				USA
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF		13.	WAS DE	CENDENT C	F NISPAN	IC ORIGIN	7 (Specify Yes	or No-	14. RAC	F - American Indian
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	☐ YES 2 XXXI WAR OR DATES	NO			pecify Cuba S 2 X NO			lican, stc.)		Spec	k, White, etc.
	3 Widowed 4 Divorced												Black
	15. DECEDENT'S EDUA (Specify only highest grade		18e. DE	CEDENT'S	USUAL OF	CCUPAT	ION lost of working	N7	16b.	KIND OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	His and the second	. Do NOT us	e retired.)								
MP	9th			Pipe	Lay	er				Cons	stru	cti	on
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	NER'S NA	ME (First, A	Aiddle, Meiden	Sumeme)		
BE	Abraham W.	Green						Beu.	lah	M. Fr	eem	an	
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street	end Number	or Rural I	Route Numb	er, City or Tow	n, State, Zij	p Code)	
٦	Beulah M. (Green		121	5 N.	S	tric	ker	St.	Ba1	tim	ore	. MD 21217
	20a. METNOD OF DISPOSITION 1 ☐ Buriel 2 🂢 Cremation 3 ☐ Remo	uml from State	20b. PLACE	ANDDATEC	E DISPOS	ITION /A	iama of		DATI	20c. LO	CATION	City or Tr	nwn State
	4 Donation 6 Other (Specify)	STATE STATE	Metr	o Cr	ema	tor	y, Ir	ic.	4/13	3 B	alti	imor	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRES	SS OF FA	CILITY				
	George E.	MacNah			101	eme	allo:	11 50	ocie	ty of	Md	٠, .	inc.
	23. PART i. Enter the diseases, or o			ath Do n	ot enter	the m	rreu	eric	CK K	oad I	salt	0.,	MD 21228
	shock, or heart fellure.	List only one cau	ise on each line			,							interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Inte		Can us	06	lon		1.	01				Onset and Death
H	resulting in death)		(OR AS A CONSE						7				
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0	Sequentially list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSE	DUENCE OF):								
¥	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE OF	7:								
CERTIFICATION	resulting in death) LAST	1											
	DADT II. Other elevidiant condition												
MEDICAL	PART II. Other significent condition	i contributing to	death but not i	eaulting i	n the un	derlyir	ng ceuse g	lven in	Part I.	24a. WAS AN PERFOR		248	MAILABLE PRIOR TO
ă										1 YES 2	□ NO		COMPLETION DF CAUSE OF DEATH?
¥										,			1 NES 2 INO
SICIAN: N													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		PLACE OF D	EATN (Che	eck only on	•)			
S	1)∑YES 2 □ NO	1 Inpatient 2 C		□ DOA			me 5 🗆 Re	sidenca	6 🗆 Other	(Specify)			
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D		26b. TIMI INJ	URY	28c. IN	JURY AT ORK?		28d. DEŞ	CRIBE HOW I	NJURY OC	CURED	
8	2 Accident Investigation				M		YES 2	NO NO					
ED	3 Suicide 6 Could not be	28e. PLACE C building,	F INJURY — At ho atc. (Specify)	me, ferm, s	treet, fact	ory, offi	ce			ATION (Street a	and Numbe	r or Rural i	Route Number,
	4 Homicide determined												
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurre	d at the ti	lme, dat	e end place,	end due	to the ceu	se(s) and mar	ner es ata	ted.	
COMPLET	one) 2 MEDICAL EXAMINE												a) and manner ea stated,
	294. SIGNATURE AND TITLE OF CERTIFIER		+	1		_		NSE NUN					(Month, Day, Year)
H	Mm 7 4	Joll	1	1									-1992
2	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAU	E OF DEATH OTE	127) (Type	Print)		10.0	M.E	•				2776
	MARIO & CA	LIFE M	B. MI	2		PEN	IN STI	REET	BAL	'IMORE	MAR	YT AN	D 21201
	31. DATE FILED (Mgnth, Day Year)	932. REGISTRA	R'S SIGNATURE										22201
- 1	APR 16 1992	Juia Davi	IR'S SIGNATURE	82									1
													- (

THE RESERVE

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within 24 ho
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Bertha 2. DATE OF DEATH 04/11/92 MONTH Alice 055 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 KF 089-09-9693 87 07/29/04 Connecticut the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Howard County General Hospital Columbia Howard 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Howard Columbia 1 TES 2 T NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6336 Cedar Lane. Harmony Hall #203 21044 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)

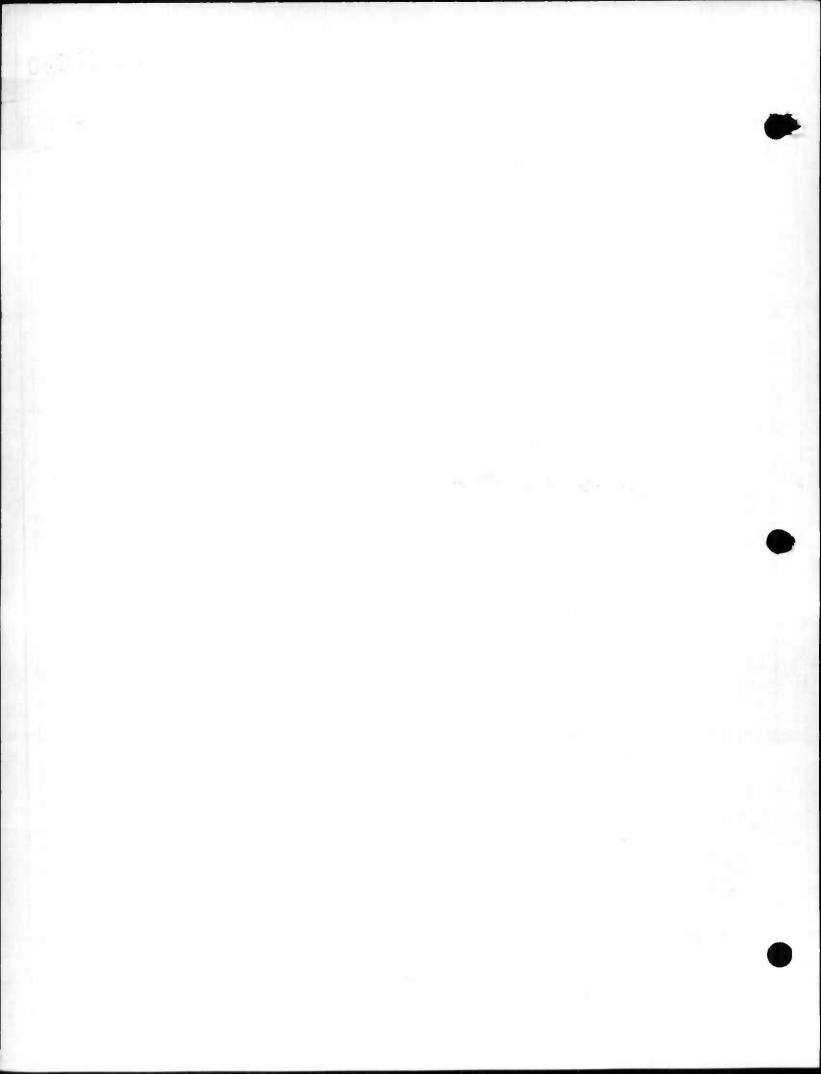
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 Wildowed 4 Divorced White COMPLETED for use as 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe 16b, KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) page 5 should be detached 12th Secretary Chemical Manufacturer 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme, notified at Arthur V. Brown BE " Unknown to Records " Bertha M. 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Virginia Pettit 14025 Brighton Dam Road Clarksville, MD 21029 9 20e. METNOD OF DISPOSITION
1 X Buriel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State filled in by the funeral director, on, or removal. Gardens of Faith Cemetery 4/15 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE May The examiner MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Road Balto., MD 21228 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final the Onset and Death disease or condition completely as CINOMO resulting in death) or other traumatic event, OUE TO (OR AS A CONSEQUENCE OF): and com CERTIFICATION Sequentially list conditions, prior to t DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING has been signed by the attending physician. Dept. of Health and Mental Hygiene prior to a **23 shows any Injury, or other traum** CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 TANK OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 40 1 ☐ Inpetient 2 ☐ ER/Oulpetient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 age age 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT marked, 28d. DESCRIBE HOW INJURY OCCURED this 1 Maturel
2 Accident : After ti 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 90 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: DE filed within 72 hours after IMPORTANT; If Item 28 is DIRECTOR: 4 Homicide 29e. CERTIFIER

(Chart only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner ea stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE CS 70 Musm 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 1055 wer s 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 16 onic Cavidson- Handell 1992 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Gifford



DHMH-18 Rev 1/89

FOR STATE REGISTRAR

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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle,	MARION B.	GALLEHER			2. DATE OF DEATH		YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-44-1425 So. FACILITY NAME (If not institution,	94 YRS.	F UNDER 1 YEAR	DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) APR • 15,			BIRTHPLACE (State or Foreign Country) MARYLAND			
СТОВ	BROADI RESIDENCE OF DECEDEN	MEAD			OR LOCATION OF E			LTIMORE		
DIRE	MARYLAND 10b. Co		10c. CITY,	TY, TOWN OR LOCATION COCKEYSVILLE 10d. INSTITUTION 1 1 YES						
FUNERAL	100. STREET AND NUMBER 13801 YORK	K ROAD		101	ZIP CODE	.030	10g. CITIZE	U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	ARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Your properties) 19. WAS DECENDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HIS				Yea or No.— 1	a or No.— 14. RACE — American Indian, Black, Whita, etc. Specify: WHITE			
LETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5+)	Iffe. Do NOT use	rk done during mo retired.)	ON ast of working	16b. KIND OF	BUSINESS/INDU:			
COMPL	12 17. FATHER'S NAME (First, Middle, Las	2	HOUS	EWIFE	18. MOTHER'S N	AME (First, Middle, Mai	WN HOL	ME		
BE C	WASHINGTON 198. INFORMANT'S NAME (Type/Print)				LAURA	MICHENE	R			
2	DR.EARL P. G.			ADOW R		Route Number, City or BALTIMOR				
	20a. METHOD OF DISPOSITION 1	Ramoval from State 20	b. PLACE AND DATE OF metery, cremetory or othe REEN MT.	DISPOSITION (Na or place)			LOCATION - CH			
	21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	REEN MT.	22. NAME AN	D ADDRESS OF FA	CILITY		RE,MD.21202		
7	23. PART I. Enter the diseases	R. Para III		4905	YORK F	ENKINS A	AT.TTMC	RE.MD. 21212		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II Other significant cond	litions contributing to deeth	put not resulting in	the underlying	cause given in	PERF	. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION DE CAL OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (YY WOI	JRY AT	6 Other (Specify) 28d. DESCRIBE HO	Y INJURY OCCUP	RED		
TED BY	2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28s. PLACE OF INJUR	Y — At homa, farm, stre		ES 2 NO	281. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,		
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.										
TO BE (296, SIGNATURE AND TITLE OF CERT	th			P 234	MBER SO	29d. DATE \$	IGNEO (MINITH, Day, Year)		
	WALTER R. HI				ER MTLI	ROAD.	PHOENT	X,MD, 21131		
	31. DATE FILEO (Month, Day, Year) APR 16 199	32 REGISTRAR'S SIGN	ATURE							

BALTIMORE, MARYLAND 21215-0020

6 may be retained by the hospital or attending physician.	ector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	must be notified at once.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 10642 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Last. 2. DATE OF DEATH 3. TIME OF DEATH April 12 1992" Gover, Sr. 1:55PM Russell David 7. DATE - BIRTH
(Morgh, Day, War)
Feb. 12 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) ## UNDER 1 YEAR ## UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Maryland MONTHS DAYS 216-09-5551 % M 2 □ F 77 1915 Sa. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR Key Medical Center Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 97 Wise Ave. 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TYES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify White B 3 Widowed 4 Divorced 9 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 10 th Machinist Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Frederick Gover Rosie Ford BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia R. Gover 97 Wise Ave. Dundalk, MD 21222 20a. METHOD OF DISPOSITION
1 □ Burial 2 ☆ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State General Corp. Hilltop Service Corp. 4/14/92 Towson 4 Donation 5 D Other (Specify). MD 21. SIGNATURE OF FUNE RAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. rego 7922 Wise Ave. Dundalk, MD 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or feart failure. List only one cause on each line. Approximata intervai Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Untrown DUE TO (OR AS A CONSEQUENCE OF): Ar Lingun's CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 [] YES 2 [] NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO petient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Chack note) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination-and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 290 MIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

AUSE OF DEATH (ITEM 27) (Type, Print)

32. ABGISTRAR'S SIGNATURE

04/608



TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If it

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36. NAME AND ADDRESS OF PERSON WHO COMPLETED

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APR 15 1992

TO THE P

29d. DATE SIGNED (Month Day Year) 4-12-57

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 3% hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETALL DIRECTURE After this certificate has been signed by the attending physician and completing filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be titled within death with the State Dept. of Health and Mental Hyptere prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Anna C. Hold	010		2. DATE OF DEATH		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8, BIRTH	PLACE (State or Foreign	
213-05-4566 10"	7,	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country	1)	
9a. FACILITY NAME (If not institution, give street and not institution give street and not institution. Give street and not institution. Give street and not institution.	A . A	96. CITY, TOWN OR LOCATION OF C	own.	Baltiv	nove	
10a. STATE 10b. COUNTY	imore 10c. CIT	ry, town on Location Randal	lstown	10d. INSIDE LIMITS		
100. STREET AND NUMBER	A-+ 10	Apt. 1C. 211. EVER IN U.S. ARMED 13. WAS DECENDENT OF HISP. 14 yes, specify Cuban, Mexic			od States RACE — American Indian, Black, White, etc. Specify:	
1 Never Married 2 Merried FORG	DECEDENT EVER IN U.S. ARMED CES? 1 YES 2 NO CES, GIYE WAR OR DATES			or No- 14. RACE Black		
	(Give kind of	USUAL OCCUPATION work done during most of working se retired.)	16b. KIND OF BUSI		casian	
12th	(14 or 5+) Hatmake		Greif			
17. FATHER'S NAME (First, Middle, Last) William	m H. Bosman	18. MOTHER'S N	AME (First, Middle, Maiden S Mary Br	aun		
19a. INFORMANT'S NAME (Type/Print) Miss Alma Payne	195. MAILING 3610 371	ADDRESS (Street end Number or Rural Anne Hathaway Di alistown, MD 21	Route Number, City or Town,	State, Zip Code)		
20er METHOD OF DISPOSITION 1	20b. PLACE AND DATE	OF DISPOSITION (Name of	DATE 20c. LOC	ATION — City or Tox		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ozen naven demetery 4/11/52 dien buille,				INC.	
23. PART (Entar the diseases, or complicate	liner that caused the death. Do	8728 Liberty	Rd.Randalls	stown, MI	21133-478	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSE	P).				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contrib	outing to death but not resulting	In the underlying cause given in	Part I. 34s. WAS AN A PERFORM	ED7	WERE AUTOPSY PINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
			_	11 125 2000 00		
25. WAS CASE REFERRED TO MEDICAL EXAMINERT INDSPI	ITAL:	25. PLACE OF DEATH (COTHER:	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O			
27. MANNER OF DEATH 28s.	DATE OF INJURY 28b. TIM	4 Muraing Home 5 Residence IE OF 28c, INJURY AT WORKY	8 C Other (Specify) 284. DESCRIBE HOW IN.	JURY OCCURED		
Automatical and Leanding		M 1 VES 2 NO				
2 Accident Investigation 3 Builde 6 Could not be 4 Homicide determined	PLACE OF INJURY — At horse, Surry, building, etc. (Specify)	M 1 VES 2 NO	291. LOCATION (Street are City or Town, State)	d Number or Flurer A	oute Murribec	
2 Accident Investigation 3 Builde & Could not be.	PLACE OF BUJURY As human, purps, building, etc. (Specify)	atreet, Taclory, office and at the time, data and place, and du	City or Rem, State) to the cause(s) and mann	er an elated.		
2 Accident Investigation 3 Suicade & Could not be determined 4 Nomicide & CENTIFYING PHYSICIAN: To the (Chack only one) 2 MEDICAL EXAMINET: On the 1 250. BIGNATURE AND TURE OF CENTIFIER	PLACE OF INJURY — As harne, term, building, etc. (Specify) to balk of years that the balk of example tight soldior investigation	atreet, factory, office and at the time, data and place, and du an, in my opinion, death occurred at the	Only or Reve, State) to the cause(s) and mann time, date and piace, and	er an elated.	and manner as stated.	
1 Natural 5 Pending Investigation 2 Accident 5 Could not be determined 29e. CERTIFIER (Check only OM) 2 MEDICAL EXAMINET: On the 129e. BIGHATURE AND TOTAL OF CERTIFIER 30. NAME AND ASSISTESS OF PERSON WAS CAMPLE.	PLACE OF INJURY — As harne, term, building, etc. (Specify) to balk of years that the balk of example tight soldior investigation	atreet, factory, office and at the time, data and place, and du an, in my opinion, death occurred at the	City or Town, State) to the cause(s) and more time, data and place, and	er as stated, the to the cause(s) Z9d. DATE SIGNED 1	and manner as stated. Month, Day, Year)	

SHEET 2 ..

Approximata interval Batween **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Sinai Hospital Baltimore

Baltimore, MD 21215

FOR STATE REGISTRAR

O. BOX 68760,	
BOX	
P.O.	
RECORDS,	
DIVISION OF VITAL	
NOISINI	The second second second second

	1. DECEDENT'S NAME (First, Middle, Last) IANET HARRISON				ALC OF BEATT		2. DATE OF DEATH DAY 4 92			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEA		s. 7. DAT	E OF SIRTH		8. BIRTHPLACE Country)	
	212-01-6129 9a. FACILITY NAME (If not institution, give	1 M 2 X 83	YRS.				-12-08	3	Mary	land
TOR	Sinai Hospi	Carlotte Anna Pri			vn or Location of timore			9c. COUNT	TY OF DEATH	
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. Cr	TY, TOWN OR LO	CATION				10d. IN	SIDE CITY
	Maryland		E	Baltim	ore					ES 2 NO
FUNERAL	10a. STREET AND NUMBER 4615 Park Hei	ghts Avenu	e		21215			10g. CITIZ	U. S	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	If yes	DECENDENT OF HIS , specify Cuban, Mei YES 2 X NO Sp	rican, Puerto	IN? (Specify Yea Rican, etc.)	or No 1	14. RACE Ame Black, White, Specify:	ricen Indian.
3	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	B USUAL OCCUP	ATION	16	b. KIND OF BUS	SINESS/INDU		ille
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	ise retired.)	must or working					
L			S	ecreta	ry					
COMP	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S	NAME (First,	Middle, Maiden	Sumame)		
H H	George T. Per	kins					Dill			
2	19e. INFORMANT'S NAME (Type/Print)				et end Number or Ru					
	Pleasant Manor				Heights				re, MI	
	1K Buriel 2 Cremation 3 Rem		PLACE AND DATE	other place)	(Name of	DA			ity or Town, Stat	
i	4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LIF	CENSEE	Mt.	Zion	E AND ADDRESS OF	7-	21 Bal	timo	re Co,	MD
	22. NAME AND ADDRESS OF FACILITY Irvin Carroll Funeral Home									
	1712-14 W North Av									
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one couse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Approximate interval Batwo Onset and Defended in the control of the country of									
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A U) CET	Stop consequence of Sastre consequence of GI	ctom	ble)					
IEDICAL C	PART II. Other aignificant condition	ns contributing to deeth be	ut not resulting	in the underly	ying ceuse given	In Part I.	24a. WAS AN / PERFORI			UTOPSY FINDIN
							1 TYES 2	M NO	OF DEA	ETION OF CAUS TH? ES 2 NO
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH	(Check only o	one)			
	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Pinpatient 2 ER/Outpi	atlent 3 DOA	OTHER:	tome 5 🗆 Residence					
	27. MANNER OF DEATH	280. DATE OF INJURY	28b. T/8	NE OF 28c.	INJURY AT		SCRIBE HOW IN	JURY OCCU	RED	
	1 Netural 5 Pending Investigation	(Month, Day, Year)	41	0.0	WORK? YES 2 NO					
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — Al home, ferm, street, lactory, office 28s. LOCATION (Street end Number or Rural Re					r Rurel Route Nur	nber,			
	4 Homicide determined									
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.									
COMPLEIE		R: On the basis of examination								nner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE N				SIGNED (Month.	
	Leonds	11/		MD	and and and a serior p	. ormetert		► 4	114/5	Coly, rolli)
2	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF DEA	TH STEM OF ST					l	1111	_

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



eoni'das

APR 16 1992

KonIARIS

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

X

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1. DECEDENT'S NAME (First,	Miridia (pat)	D 1			7		-		2. DATE OF	EG. NO.	1. /10	/00	F-F-W-F-V-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-	
1			Kober	t Leo	не	ale:	у, _			MONTH	DEATH	4/12		3. TIME OF DEATN	
	Robert 4. SOCIAL SECURITY NUMBER	Le	5. SEX	Heale	V		J ₁			04	13	19	92	9:48 P M	
				8. AGE (In yrs. les		IF UNDE MONTHS	DAYS	HOURS	MIN.	7. DATE OF E (Month, De	SIFITN y, Year)	_	Count		
	217-46-26		1X M 2 - F	45	YRS.				10.00	(Month, De 02/1	1/4	7	M	Maryland	
-	9e. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DE				EATH 9c. COUNT			NTY OF D	TY OF DEATN	
0	North Arund	el Hos	pital			Glen Burnie					Anne			e Arundel	
2	RESIDENCE OF DEC	10b. COUNTY													
DIRECTOR	323,110			10c. CI	Y, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?		
	Maryland		Baltim	ore						onsville				1 YES 2 X NO	
₹							101	ZIP COD	_			10g. CIT		WHAT COUNTRY?	
FUNERAL	1708 Rock	chaver							1228			US.	A		
5	11. MARITAL STATUS 1 Never Married 2	Manufact	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI		13.	WAS DEC	ENDENT	OF NISPAN	NC ORIGIN? (S	pecify Yes	or No-	14, RACI	E — American Indian, k, White, etc.	
B≼	3 Widowed 4 Divo		AR OR DATES					Specify		,,		Spec	Mv.		
		EDENT'S EOUC		nam Er	_									White	
COMPLETED	(Specify only	y highest grade	completed)	(G/	CEDENT'S ve kind of v	work done	during mo	ON st of world	ng	16b. KIN	D OF BUS	INESS/INC	DUSTRY		
٦	Elementary/Secondary (0 12th	-12)	College (1-4 or 5 +	•)						ITa	T				
\$	17. FATNER'S NAME (First, M				Ca	rpe	ntei					*	ove	ments	
	Robert		Heal	orr Cm						ME (First, Middl					
BE	19s. INFORMANT'S NAME (7		пеат						th	Mari		Ruby			
9		,,								Route Number, C				WD 01000	
	Robert L.		ey, Sr						AV					MD 21228	
- 1	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	wel from State	20b. PLACE A	MD DATE	of DISPO	SITION (No	ma of		OATE	20c. LOC		1000		
	4 Donetion 6 Other			Metr	o Cr						Ва	ilti	mor	e, MD	
	21. SIGNATURE OF FUNERA	L SERVICE LIE	Man Man	shell					SS OF FA		77 of	- Md		Ino	
	Georg	ge E.	MacNabl	b		2	99 1	Frad	ari	ck Po	y OI	of Md., Inc. Balto., MD 21			
	23. PART I. Entar the di	seases, or c	omplications the	t caused the de	ath. Do r	not ente	tha mo	da of dy	ing, suc	h aa cardiac	or reapir	atory an	reat.	MD 21228	
	iMMEDIATE CAUSE (Fin disease or condition resulting in death)	ai	Let only one cau			× -	THRO	me	osis	<u> </u>				Interval Batween Onset and Death	
			DUE TO	(OR AS A CONSEC	DUENCE OF	F):						2.0			
Z	Sequentially list conditi	one t	AFTER	10 SCV	oro	70	C	MAN!	OUA	BCULA	RI	/ISE	BE		
Ĕ	If any, leading to immed	diste	DUE TO	(OR AS A CONSEC	WENCE OF	F):									
2	cause. Enter UNDERLYI CAUSE (Disesse or Inju					_									
	that initiated events resulting in death) LAS		DUE 10	(OR AS A CONSEC	DUENCE OF	E OF):								i	
CERTIFICATION		d			-										
- 11	PART ii. Other significa	nt conditions	contributing to	death but not n	esuiting	in the u	nderlying	cause	given in	Part I. 24e	. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS	
IEDICAL										4.	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										- '7	YES 2	∐ NO		OF DEATH?	
2										— '	`			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO	MEDICAL I					26 Pt	ACE OF A	FATH (C)	ack anly one)					
PHYSICIAN:	EXAMINER?		HOSPITAL:	FB/Output		OTHE	R:				10 .				
Ĭ	27. MANNER OF DEATH		26e, DATE OF		28b. TIM		28c, INJ		esidencs	6 Other (Sp 28d. OESCRIE		LIURY OC	CUREO		
		Pending	(Month, Di	ay, Yeer)	INJ	URY M	WO	RK?	ON				001120		
BY	A C C C C C C C C C C C C C C C C C C C	nvestigation	26e. PLACE O	F INJURY — A1 hor	ne, ferm, s	treet, fac				20f. LOCATIO	N (Street o	nd Number	or Rural I	South Number	
		Could not be determined	building,	etc. (Specify)			,			City or To		THE PROPERTY.	or noral	noune ivornosi,	
COMPLETED	29e. CERTIFIER						_								
MP	(Check only		CIAN: To the best of												
ខ្លី 🏻	2 MEDI	CAL EXAMINER	on the baels of ex	minimum and/or I	nvestigatio	n, In my	opinion, d	eath occu	red at the	time, date and	place, and	due to th	ne cause(e	e) end manner ee stated.	
ш	296 SIGNATURE AND TITLE	OF CERTIFIER	1 (1) 7					29c. LIC	ENSE NUN	IBER		29d. DAT	E SIGNED	(Month, Day, Year)	
TO B	(m)	1. 9	Jack	-11	M				o.c.	M.E.		04	1.3	1992	
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF BEATH (ITEN	1 27) (Type,	Print)								75 - 11	
	MAKIOT G	orte.	JK.in	11	1 Pe	nn S	tree	t, B	alti	more M	aryl	and	2120	1	
	31. DATE FILED (Month, Day,	Ybar)	32. REGISTRA	R'S SIGNATURE											
	APR 16 19	92 5	halia Davids	Banda a	2										
		U		- Indian				-						DHMH-16 Rev 1/89	

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the hospit	e detached	d once.
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ge 6 may b	firector, page	r must be
ter death. Pa	the funeral o	al examine
s durs af	filled in by tion, or reme	the medic
cuted within	nd completely burial, crema	rtic event,
ificate be ext	physician ar	her trauma
e death cert	he attending Mental Hygie	jury, or of
uires that th	signed by t	ws any in
The law req	ate has been	ет 23 sh
PHYSICIAN	this certifical	arked, or i
ATTENDING	ECTOR: After	п 28 із та
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a Kurs after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 72 hours after death with the State Dent of Health and Mental Houlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE H	TO THE FI	IMPORT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Dennis M. Har 31. DATE FILED (Moriti, Day, Year) APR 16 1992

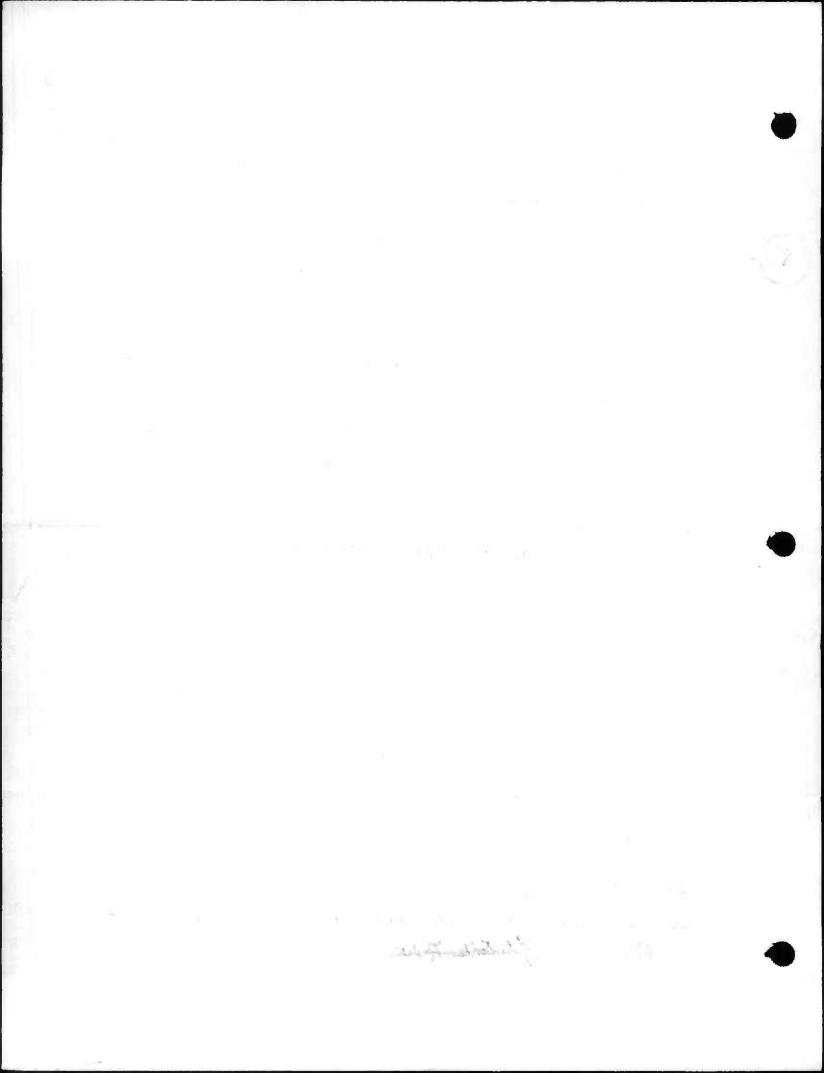
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR		STATE OF MAR				F HEALTH AND		HYGIENE REG. NO.		bia	10040
1. DECEDENT'S NAME (First, M			. 1	a al			2. DATE OF			VEAR	3. TIME OF DEATN
Veronic		lizabe		*			4	11	9	2	9:00 PM
4. SOCIAL SECURITY NUMBER			GE (In yrs. I	14	ONTHS DA		7. DATE OF (Month, D	BIRTH lay, Year)		Country	PLACE (State or Foreign
503 09 87352		M 2 F	77	YRS,	b. CITY. TO	VN OR LOCATION OF D		23,	1914		ith Dakoťa
Brooke Grove	e Nurs:					ney			Мо	ntgo	omery
RESIDENCE OF DECE	Ob. COUNTY			10c. CITY,	TOWN OR LO	OCATION					10d. INSIDE CITY
S.D.	Cus	ter		He	rmosa						LIMITS?
HCR 89, Box	242					57744				U.S	A.
11. MARITAL STATUS		2. WAS DECEDENT EV FORCES? 1	ER IN U.S. A	ARMED		DECENDENT OF HISPA			or No- 1	4. RACE Black	- American Indien, White, etc.
1 Never Merried 2 Me 3 Widowed 4 Divorce		IF YES, GIVE WAR	OR DATES	Juo		YES 2 X NO Speci		art, 410.)		Specify	- Maritime
	ENT'S EDUCAT			DECEDENT'S US	rk done during	PATION g most of working	16b. KI	IND OF BUSI	INESS/INOU	STRY	
Elementary/Secondary (0-12	1	College (1-4 or 5+)	- "	lfe. Do NOT use	retired.)			! 1	01	D - 41	1 Ya
17. FATHER'S NAME (First, Midd	tle (act)	2		Bookke	eper	18. MOTHER'S N	_			vai.	ly Journal
James J.		n					erine				
19e. INFORMANT'S NAME (Type			1	19b. MAILING A	DDRESS (Str	eet end Number or Rural				Code)	
John L.	Russel	1		16804	Baed	erwood- L	ane, D	erwoo	d, MI) 20	0855
20a, METHOD OF DISPOSITION	N 3 🗆 Remova	al from State	20b. PLAC other	E OF DISPOSIT	ION (Name o	f cemetery, crematory or			ATION — C		
4 Donatton 5 Other (Sp			Н	Hill Ci		metery	ACH ITY	Н	111 (ity	, S.D.
21. SIGNATURE OF FUNERAL S	1	7. 1				tol Funer		an tr	F211	e C	hurch VA
- Dan	1000	7/1/2	7777	111	Capi	tor runer	ar ser	vice,	rall	. O	Hurch, vii
	-		18	12							
23. PART I. Enter the dise shock, or hee		mplications that cast only one cause			t enter the		ch as cerdia	c or reepir	etory srre		Approximate interval Batween
	ert fellure. Lis	st only one cause	on each li	ne.		mode of dying, au		c or respir	etory srre		Onset and Death
shock, or hee IMMEDIATE CAUSE (Final	ert fellure. Lis	st only one cause	on each li	ne.				c or respir	etory srre		interval Batween
shock, or hee IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ort follure. Lis	O R GAN	AS A CONS	BRAIN SEQUENCE OF):	SY	mode of dying, au		c or respir	retory srre		Onset and Death
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DHMH-16 Rev 1/89



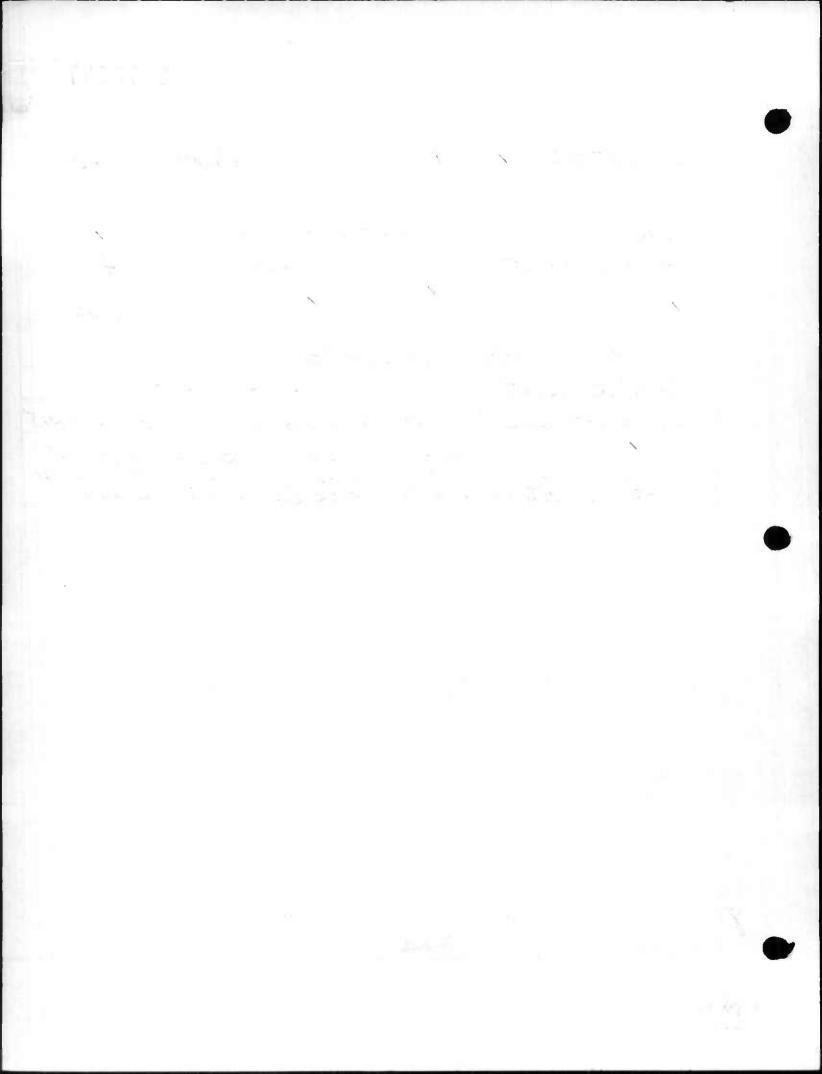
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO.

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	710-010-110-01				77 11 -	••			10	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Mari	.e		На	alek				2. DATE OF E		v 10	92	3. THE OF DEATH 1:30pm M
				GE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.									
	4. SOCIAL SECURITY NUMBER 2/7-22-7787	5. SEX 1 M 2 F	6. AGE (In yrs. lest bir	77	-	EAR AYB	IF UNDER	24 HRS. MIN.	7. DATE OF B	(Year)	7	8. BIRTH Country	PLACE (State or Foreign
~	Sa. FACILITY NAME (If not institution, give str Maryland Gener		to1	,	9b. CITY, TOWN OR LOCATION OF DEATN Baltimore City 9c. COUNTY OF DEATN					EATN			
DIRECTOR	RESIDENCE OF DECEDENT	ar nospi	tal		E	ат	CTIIIO	re C	ıty		L		
ŭ	10a. STATE 10b. COUNTY	-	1	loc. CITY, 1	TOWN OR I	LOCAT	ION						10d. INSIDE CITY
L DIF	MQ . 10e. STREET AND NUMBER			BA.	ALTIMORE CITY				TY	1			1 YES 2 NO
BY FUNERAL	403 N. CURLE,		101. ZIP CODE 2/224					10g. CITIZEN OF W			HAT COUNTRY?		
J.	11. MARITAL STATUS 1 Never Married 2 Merried		EVER IN U.S. ARMEI	D	13. WAS	S DEC	ECENDENT OF HISPANIC ORIGIN? (Specify appetity Cuben, Mexicen, Puerto Rican, atc.)			ecify Yee			— American Indian, White, atc.
	3 Wildowed 4 Divorced	IF YES, GIVE W					2 NO			,,		Speci	
TED	15. DECEDENT'S EDUC (Specify only highest grade of	(Give I	kind of wor	SUAL OCCU			ng	16b. KIN	16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	17	NOT USO 1	EW,	IF	E							
800	17. FATHER'S NAME (First, Middle, Lest)						NER'S NAI	ME (First, Middle	, Maiden	Surneme)			
BE	JOHN SCHUE					Ra	YN	A HE	16	EK	/		
2	19a. INFORMANT'S NAME (Type/Print) CONNIE MATOLA	SEK	19h. H	909.	MEG.	troot of	OF E	Or Rural F	Poute Number, C	ALTI	m, Stete, Zij	Code)	2/305
	20a. METHOD OF DISPOSITION 1 Burlei 2 Cremetion 3 Remo	val from State	20b. PLACE AND cometery, organist	DATE OF		ON (Na	me of	<u> </u>	DATE	20c. LO	CATION —	Offy or To	wn, State
	4 Donation 5 Other (Specify)	ENSEE	GREEN	11000		ME AN	D ADDRE	SS OF FA	77/65	13(3	2///	IOK	E, PIND.
	a Bennand	Te ho	when)	22. NAME AND ADDRESS OF FACILITY B. DEB ROWS Z. 1 YSON 1. 28/86 FALTIMOREST						212	24		
	23. PART I. Enter the disesses, or co	omplications that	caused the death	n. Do not	t enter th	e mo	de of dy	ng, suci	as cardiac	or reapl	ratory an	real,	Approximate
Ì	shock, or heart fellure. L IMMEDIATE CAUSE (Final	occore noncore	OF THE PARTY OF THE PARTY.										Interval Between Onset and Death
	disease or condition resulting in death) s		Bronchop										
-	DUE TO (OR AS A CONSEQUENCE OF): Acute Treacho-bronchitis												
TIO	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):												
-ICA	CAUSE (Disesse or Injury	DUE TO	OR AS A CONSEQUE	NCE OF									
CERTIFICATION	that initiated events resulting in desth) LAST		OII PS R CONSECUE	STOL OF J.									
	PART II. Other significant conditions	contributing to	daath but not resu	ulting in	tha unde	rlylng	cause	given in	Part I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	A1	rterioscl	clerotic cardiovascular			lar disease			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	Cl	aronic ob	structiv	ulmonary disease			1 DWES 2 NO				1½ YES 2 □ NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Chi	ick only one)				
YSIC	EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpetient 3 🗆		OTHER:	Nome	5 □ Ra	sidence	6 Other (Spi	ecify)			
ву РН	27. MANNER OF DEATN 1 X Xintural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, Da		6b. TIME C	17	WO	URY AT RK? 'ES 2] NO	28d. DESCRIE	E HOW IP	NJURY OC	CURED	
8	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At home, itc. (Specify)	, ferm, stre	et, factory.	office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,
PLE	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of r	ny knowledge, death	осситед	at the time	date	end place	end due	to the cause(e)	end man	ner eo ste	ted.	
COMPLET	one) 2 MEDICAL EXAMINER												end manner es atated,
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER ILL ILL ILL ILL ILL ILL ILL	Bun		,			29c. LICE	nse Num n/a	BER		29d, DAT	4/14	(Month, Day, Year) 4/92
F	Tamas Kocsis,			7) (Type, Pr C/O		1a	nd G	ener:	al Hos	nite	1		
	31. DATE FILED (Month, Day, Year)	2. REGISTRAF	R'S SIGNATURE						1103	- La	_		
	APR 16 1992	I was David	Ison-Randal	2									



8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

21737

Approximata Interval Between

Onset and Death

1 X YES 2 | NO

4:06 A

Maryland

1992 EAR

PC. COUNTY OF DEATH

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

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Baltimore, MAryland

BAltimore, Maryland 21212

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FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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29b. SIGNATURE AND TITLE OF CERTIFIER

APR 16 1992

31. DATE FILED (Month, Day, Year)

in by the 1 medical

by the attending physician and completely filled and Mental Hygiene prior to burial, cremation, or

for use as the burial-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH APRIL 12" ELISE HAYES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 456-10-8406 1 🗌 M 2 💢 F March 22. 92 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Baltimore County General Hospital Randallstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 301 McMechen St. 21217 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 Never Married 2 Merried BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Clerk 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John R. Emery BE (Belle Bowman 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elise L. Baker 4300 Babylon Rd. Taneytown, Maryland 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Greenmount Cemetery 4/13 21. SIGNATURE OF FUNERAL SERVICE LICENSPE 22. NAME AND ADDRESS OF FACILITY MIEDEFELD HOme, Inc. James F. Burnside, Jr. 6500 York Rd. 23. PARTA: Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 MO 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1- Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as attend.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death

- brisk

32. REGISTRAR'S SIGNATURE

30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) occured at the time, date and place, end due to the cause(s) end menner as stated. 29d. DATE SIGNED (Month, Day, Year) DDO 964 Jerome H. Ginsberg, M.D. 8630 Liberty Plaza Mall Randallstown mo 21133



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 28a,b,d,e,f STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HAROLD YEAR HENDERSON 1992 04 10:20 P.M 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 5 (Mopro 005 200) 218-62-3906 37 DAYS 1 MM 2 - F MIN MD VRS 9s. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH JOHN HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY BALTIMORE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21213 10g. CITIZEN OF WHAT COUNTRY? 1635 N. ELLSWORTH STREET U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE --- American Indian, Black, White etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use engined.)
UNEMPLOYED 16b. KIND OF BUSINESS/INDUSTRY ondary (0-12) College (1-4 or 5+) G.E.D. once. 17. FATHER'S NAME (First, Middle, Last)
NATHAN HENDERSON 16. MOTHER'S NAME (First, Middle, Meiden Surname)
EUGENIA TURNER To BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BETTY LOCKETT GEORGE STREET APT. 5-E BALTO., MD 21201 3 20e, METHOD OF DISPOSITION 1 & Buriel 2 Cremetion 3 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must cometery, crematory or other place) MT. ZION CEM. 4-16-92 BALTO, MARYLAND 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 2654 MARYLAND AVE. BALOO alvin L. Williams CALVIN L. WILLIAMS FUNERAL SERVICE MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death \$ disease or condition Cocaine and narcotic intoxication
DUE TO (OR AS A CONSEQUENCE OF): event, resulting in death) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO shows any COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 YES 2 NO s certificate has been s th the State Dept. of H id, or Item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 X YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After thi be filed within 72 hours after death w IMPORTANT: If Item 28 is marky unknown* 1 YES 2 NO BY unknown Investigation unknown 2 Accident 3 Sulcide 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 🔀 Could not be COMPLETED 4 Homicide determined 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ea stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d, CATE SIGNED (Month, Day, Year) BE 04-12-1992 O.C.M.E. 2 ERSON WHO COMPLETED CAUSE OF DEATH (STEM 27) (Type, Print) 111 PENN STREET BALTIMORE MARYLAND 21201 GOLL MD 32. REGISTRAR'S SIGNATURE APR 1 6 1992 na www.doon- , furgician

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within BOX 68760. P.0. DIVISION OF VITAL RECORDS,

use as the burial-transit permit. Pages 1, 2, 3 should

P

detached

completely filled in by the funeral director, page 5 should be rial, cremation, or removal.

the attending physician and con Mental Hygiene prior to burial,

signed by the

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hours after death. Page 6 may be retained by the hospital or attending physician.

MARYLAND 21215-0020

BALTIMORE.

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

PHYSICIAN: MEDICAL

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31. DATE FILED (Month, Day, Year)

15 1992

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32. DEGISTRABIS SIGNATURE
JUNIO DAVIDSON-RANDOR

CATION TO BE COMPLETED BY FUNE	TED BY FUNERAL DIRECTOR
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the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Nental Hygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. once. To notified 9 must medical examiner ş OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, traumatic or other Injury, Health and N amy shows : has been of Popt. of P certificate h the State d, or Hem with 1 marked, L DIRECTOR: After the bours after death w TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If IN HOSPITAL 뿚

92 10650 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last). JESSLE HARTMAN 2. DATE OF DEATH A .. 551 WAN PR A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) s. BIRTHPLACE (State or Foreign 3-36-061 1 M 2 M F HOURS 02-Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SAMARITAN HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Towson 1 YES 2 K NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 63 Burke Ave. 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES White COMPLETED 16. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Thomas E. Gill Wilhelmina Parrish 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Myrl Hartman 501 Saratoga Ave., Glen Burnie, Md. 21060 20a. METHOD OF DISPOSITION

© Burlel 2 □ Cremellon 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Carroll Methodist Cem. 4 ☐ Donation 5 ☐ Other (Specify) 4/15/92 Balto. County, Md. 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204 23. PART I. Enter the diseas ons thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or hasrt fallure. List only Interval Between IMMEDIATE CAUSE (Finel Onset and Death TRONIC LYMPHATIC LOUKEMA disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ENAL HALLIK Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) AMPIEY-MILLS D04-30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Loch Raven Blvd., Balto.,

AMAKITAN



Md.

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e hospital or after	etached for use a	nce.
ay be retained by t	page 5 should be	t be notified at
ter death. Page 6 m	the funeral director,	ai examiner mus
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within the country of some last	or mey within 12 from a give death with the Date Dept. Or regain and mental hyperic part to bothlat, definition, or sentional, and the medical examiner must be notified at once.
ertificate be executed	ng physician and co	other traumatic
es that the death or	igned by the attendi	s any injury, or
IAN: The law requir	rtificate has been si	or item 23 show
ATTENDING PHYSIC	CTDR: After this cer	28 is marked, (
THE HOSPITAL OR	THE FUNERAL DIRE	PORTANT: If item
2	22	N W

	REGISTRAR			TONIE	JE DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) TO SEP HINE	JESK	CULSKI			2. DATE OF DEATH MONTH DA	4 92	
	216-10-8351	1 🗆 M 2 🗹 F	AGE (In yrs. last birthday) 91 YRS.	MONTHS DA	EAR IF UNDER 24 HRS. IVS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Po Laws
ВО	ST AGNES HO				WN OR LOCATION OF DE		9c. COUNTY C	OF DEATH
51	RESIDENCE OF DECEDENT							
DIRECTOR		WARD		ELLIC		4		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3117 Ram	BLE WOO	D RD.		2104	2-	10g. CITIZEN	OF WHAT COUNTRY?
5 1	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS	DECENDENT OF HISPAI	IIC ORIGIN? (Specify Yes	or No. 14 F	ACE - American Indian
	1 Never Married 2 Married	FORCES? t		If ye	s, specify Cyban, Maxica	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	- 1 COM		YES 2 NO Specifi			WHITE
E	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S	Work done during	PATION og most af working	16b. KIND OF BUS	INESS/INDUSTF	W
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT o	ise retired.)	9KER	Hom	7E	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	0	
BE C	PETER J. L. 199, INFORMANT'S NAME (Type/Print)	132EW3			MAG	DACENA	Kocz	
5	DOROTHY J.		311°	-		Poute Number, City or Yow DRD, ELLI		ity, MD. 21042
	20e_METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)		20b. PLACE AND DATE cemetery, crematory or HOLY	other place!	N/Name of EY CEM.	11/1	CATION - City of	r Town, Stata
1	21. BIGHATURE OF FUNERAL SERVIGE LICE	MSEE /	1			T. WEBEN	2 F. H.	
	None y	MAN	4					470.MD. 21229
	23. PART I. Enter the diseases, or conshock, or heert feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one ceuse	on each line.		mode of dying, suc		ratory arreat,	Approximate interval Between Onset and Death
		DUE TO (OR	AS A CONSEQUENCE	OF):				
-	C.	0	117					
-	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENCE C	NF):				
TION	if any, leading to immediate		591)					1
CATION	cause. Enter UNDERLYING	(5						I .
FICATION		DUE TO (OR	AS A CONSEQUENCE O	F):				
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUENCE (PF):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d.							
AL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events				lying ceuse given in			24b, WERE AUTOPSY FINDINGS
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 laws after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE

10652 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN				<u> </u>		AIE OI	DEA			REG. NO.			
	1. DECEDENT'S NAME (First, Mich LORETTA	idle, Last)	М				JOHN	SON		2. DATE OF MONTH	DEATH DA	19	MEAG	3. TIME OF DEATH 5:24 P. M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. last birti	thday)	F UNDER 1 YEAR	IF UNDE	IF UNDER 24 HRS. 7.		7. DATE OF BIRTH		a. BIRTHE	PLACE (State or Foreign
	213-30-8569		1 - M 2 - F	5	6 Y	ras.	ONTHS DAYS	HOURS	MIN.	(Month, E			Country)
	9a. FACILITY NAME (If not institute	You give st	^		0	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUN							Md.	
œ				7. T										
0	DORCHESTER GE		L HOSPIT	AL		CAMBRIDGE DORCHE						HESTI	ER	
DIRECTOR		. COUNTY			10	DC. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
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	10a, STREET AND NUMBER			,0.		Cambridge					27-2		1 YES 2 NO	
¥	630 Douglas St.					10f. ZIP CODE								HAT COUNTRY?
FUNERAL		St.						2161					ISA	
교	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2, IF YES, GIVE WAR OR DATES)	13. WAS DE	CENDENT pecify Cub	OF HISPANII en, Mexican,	C ORIGIN? (Specify Yea on, etc.)	or No-	14. RACE Black,	— American Indian, White, etc.
ВУ							1 🗆 YE	S 2 XNO	Specify:				Specify	Black
						ENTIR N	UAL OCCUPAT	1011				1		
E	(Specify only high	hest grade o	completed)		(Give ki	ind of wor	k done during n	ost of work	ing	160. KI	ND OF BUS	INESS/INDI	USTRY	
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BE										Nich				
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		5			52	2 Le	onards	La.	<u>C</u>					
	20a METHOD OF DISPOSITION 1 Language 1 Commetted 3	Remo	val from State	20b. P	PLACE AND D	DATE OF	DISPOSITION (iame of		1		CATION — C		The second secon
	4 Donation 6 Other (Spec			Ret	the Tato	AME					Dor	~ches	ter,	Md.
	21. SIGNATURE OF FUNERAL SE	RVICE LICE	muz)	111					SS OF FACE			12 Hu		
	deliver.	W. 2	DONKA	Vou	Lewis H. Boardley/FH Cambrid						dge,	Md.		
	23. PART I. Enter the disease	ses, or co	omplications the	t codsed t	the death.	Do not	anter the m	oda of dy	ing, such	as cardle		retory emy	n at	Approximate
- 1	shock, or heart	23. PART I. Enter the diseases, or complications that coded the shock, or heart failure. List only one cause on each									c or reapli			
		ch line.						c or reapli	atory arre		Interval Between			
	IMMEDIATE CAUSE (Final disease or condition			se on eac	ch line.						c or reapi	atory arre		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	1 - STATE OF MARYLA	ND / DEPAR	RTMENT	OF DEA	AND N	MENTAL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Lest) Doris Anna Kimba	11				2. DATE OF DEATH MONTH		YEAR	TIME OF DEATH		
		yrs. last birthday)	IF UNDER I	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State of			
	212-74-8421 1 D M 2 D/F 8	YRS.	MONTHS	DAYS HOURS	(Month, Day, Year) 4/5/06		Maryland				
	9s. FACILITY NAME (If not institution, give street and number)		9b. CITY, 1	TOWN OR LOCAT	ION OF DEA		9c. COUNT				
5	Balto. Co. General Hosp.		Ran	ndallst	own			ltimo			
DIRECTOR	RESIDENCE OF DECEDENT										
1 12	10a. STATE 10b. COUNTY		Y, TOWH OR					10	Dd. INSIDE CITY		
			Randa	llstown				1	TES ZXXNO		
\¥	10. STREET AND NUMBER	. 101		10f. ZIP COO			10g. CITIZE	N OF WHA	AT COUNTRY?		
Ü	3454 Carriage Hill Circle Ap			2	1133		Uni	ted S	States		
BY FUNERAL		2 NO	111	NS DECENDENT (yes, specify Cubi YES 2 NO	ın, Mexicen	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	s or No- 1	Black, W	American Indian, White, etc. White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18s. DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF BU	SINESS/INDUS	STRY			
1 14	Elementary/Secondary (0-12) College (1-4 or 5+)	We. Do NOT us	work done du se retired.)	ring most of worki	ng						
4 P	12 years	Hou	sewif	е							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOT	HER'S NAM	NE (First, Middle, Meiden	Surname)	-			
BE	Samuel G. Chaney				Anna	Louise Ha	rtner				
0	19a. thFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number	or Rural Ac	oute Number, City or Tow	m, State, Zip C	ode)			
	Mr. Cecil Paul Kimball	345	4 Car	riage H	ill (Circle Ra	ndalls	stown	n, MD 21133		
	20s. METHOD OF DISPOSITION 1 6 Burlel 2 Cremetion 3 Removal from State	PLACEANDDATE	OFDISPOSIT	ION (Name of		OATE 20c. LO	CATION CII	y or Town,	State		
	4 Donation 5 Other (Specify)	New Ca	thedr	al Ceme	tery	4/18 Ba	ltimo	re, M	Œ		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ME AND ADDRE							
	I amage & Correy					Funeral H			MD 21133		
	23. PART I. Enter the diseases, or complications that caused to	the death Do s									
	immediate cause (Final disease or condition resulting in death) But TO (OR AS A C	h line.				an on one or reap	natory arre-		Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST b. FB PCM CAUSE OF: OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.										
CAL	PART II. Other algorificant conditions contributing to death but	not reaulting	n the unde	eriying cause (lven in P			24b. WE	RE AUTOPSY FINDINGS		
5	Bound resection son	Disort.	601.	+110		PERFOR			MILABLE PRIOR TO IMPLETION OF CAUSE		
MEDI	Cholecoleciony run	chelel		44.16		1 [] YES 2	E NO		DEATH?		
=		0/10/12/		, , ,		-		1	YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF D	EATH /Chec	k oak oae)					
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpati	lent 3 DOA	OTHER:			Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH 280. DATE OF INJURY	26b. TIM	E OF 20	Sc. INJURY AT		26d. DESCRIBE HOW I	NAMEY OCCUR	RED			
	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJ	URY	WORK?		and acquired from t	nooni occor	ico			
BY	3 Suicide 8 Could get by 28s. PLACE OF INJURY —	- At home, farm, a			(2)	28f. LOCATION (Street)	and Alumber or	Rumi Route	Alumbas		
ETED	4 Homicide determined building, etc. (Specify,)				City or Town, State)	ina rvambar ci	HUI A HUUSE	Nomoei,		
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowled	ige, death occurre	ed at the time	o, data and place,	and due to	o the cause(s) and mer	nner ea stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER		n, ni my opn				d due to the c	euse(e) an	d menner as stated.		
BE				29c. LICE	NSE NUMB	ER	29d. DATE S	IONEO (Mo	onth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H diversion of	21.1		020	1085		4-10	42		
		n (IIEM 27) <i>(Type</i> ,	Print)								
0	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATI		> h.	Bunly	RO)		211	3.3		
	ADD 1.0.4000	JHE									
	1 1992 - www.dson-70	indelle									
-	ni		;						DHMH-16 Rev 1/89		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director name 5 should be detached for use as the burial transit name; Danes 1.0.2 names
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MAE	IVI AND / DEDAI	DTMENT OF	UCAITU AND	MENTAL HYGIE		2	10654		
	1 - STATE REGISTRAR	OIAIL OI MAI	CERTIF	ICATE O	F DEATH	MENIAL HYGIE REG. N					
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	<u> </u>		3. TIME OF DEATH		
8	LEROY Kr	out				MONTH	DAY	YEAR	0430		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH					
	220 40 7881	1 XX M 2 □ F	(Month, Day, Year) 8/22/43	Land							
œ	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUN	TY OF DE	ATH		
0	UNION MEMORIAL HOSPITAL BALTIMORE CITY										
2	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100.										
DIRECTOR	Maryland				LIMITS?						
AL	10e. STREET AND NUMBER			Baltin	Of. ZIP CODE		10g. CITIZ		AT COUNTRY?		
FUNERAL	2931 Huntingdon	Avenue			21211		U.S				
Z	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	12 486 0		ANIC ORIGIN? (Specify)					
BY FI	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 Y	ES 2. NO	If yes, s	pecify Cuben, Mexic S 2 KMO Spec	en, Puerto Rican, atc.)	es or No —	Black, Specify.			
60	15. OECEDENT'S EDI	ICATION	44 - 05050505050			The same and the s			hite		
H	(Specify only highest grad		(Give kind of	Work done during n	TON nost of working	16b. KIND OF B	USINESS/INDU	STRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)									
M			Disa	bled							
COMPLET	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide					
	William Wallace	Krout			Alice (Catherine	White				
BE	19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)										
5	190. WHILLING NOUNESS (Sures and Number of Hural Houte Number, City or Town, State, Zip Code)										
	Erwin Krout 2644 Hampden Avenue, Baltimore, Maryland 21211 20a, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City or Yown, State										
	1 N Buriel 2 Cremation 3 Ren	noval from State	20b. PLACE AND DATE	OF DISPOSITION //	leme of	OATE 20c. L	OCATION — CI	ty or Town	n, State		
	4 Donetion 5 Dther (Specify)		Crest La	wn Memor	rial Park	c 4/17 Sy	kesvil	le.	Maryland		
	21. SIGNATUME OF FUNERIAL SERVICE LI	CENSEE	1	22. NAME	ND ADDRESS OF F	ACILITY					
	Tu un	121. O	V)	Burge	ee-Henss	Funeral H	ome				
100	ougm,	Musee 7	euss)	3631	Falle Ro	ad Raltin	moro	Mary	land 21211		
	23. PART I. Enter the diseases, or	complications that cau	sed the death. Do	not enter the m	ode of dying, su	ch as cardiac or ree	piratory arre	nt.	Approximata		
	shook, or heert feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Fine) Onset and Death										
	disease or condition PL A VID A C										
	disease or condition - e. Arythma. Due to (on as a consequence of): Sequentially list conditions D. Alcoholic Liver failure.										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions,	a 41 coho!	uc liver	talure							
2	if any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE O	F):							
S	cause. Enter UNDERLYING	•									
CERTIFICATION	CAUSE (Diseese or injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE O	F):					+		
E	resulting in death) LAST			•							
9		d							-		
	PART II. Other significent condition	ns contributing to deet	h but not resulting	in the underlying	ng ceuse given in	Part I. 24a, WAS A	N ALITTOPEY	7.4h W	ERE AUTOPSY FINDINGS		
MEDICAL						PERFO	RMED?	A	MILABLE PRIOR TO		
						1 _ YES	2 NO		OMPLETION OF CAUSE F DEATH?		
								1	YES 2 1 NO		
Z											
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF GEATH (C	heck only one)		1			
8	1 YES 2 NO	HOSPITAL:	Outpetlant 2 DOA	OTHER:							
F	27. MANNER OF DEATH					8 Other (Specify) 28d. OESCRIBE HOW					
0	1 Natural 5 Pending	(Month, Day, Year) INJURY 20C, INJURY AT 28C									
8	2 Accident Investigation										
- 0	3 Suicide 8 Could not be determined determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Nu City or Town, State)										
Li I	One OFFICIAL A										
COMPLETED	299. CERTIFIER (Check only one)	ICIAN: To the best of my kr	nowledge, death occurr	ed at the time, dat	e end place, end du	o to the ceuse(s) end ma	nner en stated				
8		ER: On the besis of examina	mon end/or investigatio	n, in my opinion,	death occured at the	time, date and place, a	nd due to the	ceuse(s) e	nd menner es stated.		
w II	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER	29d. DATE SIGNEO (Month, Day, Year)				
0	= NZOy~	, MD					14	141	92.		
2	30. NAME AND ABORESS OF PERSON WH	IO COMPLETED CAUSE OF	DEATH (ITEM 27) (3mm	Print)			<u> </u>	/	•		
			(116m 21) (1)/p8,	, cany							



APR 16 1992

32. AEGISTRAB'S SIGNATURE

Som E.	Leggett			2. DATE OF D		3. TIME OF DEATH						
4. SOCIAL SECURITY NUMBER 259-05-457	5. SEX / 6. AC		UNDER 1 YEAR IF UNDER 24 H	IRS. 7. DATE OF BI (Month, Day,	Year)	BIETNPLACE (State or Foreign Objectry)						
9a. FACILITY NAME (If not-institution, gi	10/	1491	Baltimor 4	OF DEATN		OPPORGIA VOFPEATH						
10a. STATE 10b. COL	Md. Daltimore Daltimore											
100. STREET AND NUMBER 1844 £ a a 11. MARITAL STATUS	1844 Eagle Street 2/223 10g. CITIZEN OF V											
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF N If yes, specify Cuban, M 1 YES 2 NO	ISPANIC ORIGIN? (Spiexican, Puarto Rican, Specify:	ecify Yea or No— 14	Black, White, etc. Specify A C C						
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed) College (1-4 or 5+)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	Zir.								
O 17. FATNER'S NAME (First, Middle, Last)		18. MOTHER	Reti.	red/B&O R	ailroads							
19a. INFORMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
20a, METHOD OF DISPOSITION 1	emoval from Stata	20b. PLACE AND DATE OF D cometery, cremetery or other		OATE	20c. LOCATION — City	y or Town, State						
	22. NAME AND ADDRESS OF FACILITYSTATE ANATOMY BOARD 4/13/92 655W.Baltimore St, Balto., MD 21201											
23. PART I. Enter the diameter, shock, or heert failur	or complicatione that ceue	aed the death. Do not										
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	disease pr condition											
Sequentially list conditions, if any, leading to immediate	PNEUMONIA											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		OUE TO (OR AS A CONSEQUENCE OF): CAR DIO 1240 PATHY.										
8	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I, 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY											
PART II. Other eignificent condit				PERFORMED? YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL:	01	26. PLACE OF DEATH	1 (Check only one)								
27. MANNER OF DEATN 1 Natural 5 Pending Investigation	1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME OF	Nursing Home 5 Raside 28c, INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE	HOW INJURY OCCUR	RED						
3 Suicide a Could not I	28e. PLACE OF INJU	RY — At home, term, stree	t, factory, offica	28f. LOCATION City or Town	(Street and Number or in, State)	Rural Route Number,						
298. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my known NER: On the bests of exemine	owledge, death occurred at	the time, date and place, end my opinion, death occured a	due to the cause(s) of the time, data and p	and menner as stated, lace, and due to the c	euse(a) and menner as stated.						
296, SIGNATURE AND TITLE OF CERTIF	Arran	ate the	29c. LICENSE	NUMBER 32)6	29d. DATE S	IGNEO (Month, Day, Year)						
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	Address of the later of the lat		2/202	172						
APR 16092	32. REGISTRAR'S SIG	GRADURES, DE	1600	· .	- I WE							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYG		16	10026			
	1. DECEDENT'S NAME (First, Middle, Last)			WRENCE		2. DATE OF DEAT MONTH APRIL 1	3, 1992	YEAR 3.	0:45 P M			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	1 1	Country	ACE (State or Foreign			
	705-05-2852 9a. FACILITY NAME (If not institution, give s	Λ 00	THS.	Oh CITY TOWN	OR LOCATION OF D				land			
NC N	Baptist Home of		laware		s Mills	EAIH		ltimo				
5	RESIDENCE OF DECEDENT						Da.	TUTINO	1 6			
DIRECTOR		timore		, TOWN OR LOCA				1	Dd. INSIDE CITY			
רם	10e. STREET AND NUMBER	rimore		Owings N	ITTTS		I son OFFITE		T COUNTRY?			
BY FUNERAL	10729 Park Height	s Ave.		"	21117		10g. CITIZE	USA				
S	11. MARITAL STATUS	12. WAS DECEOENT EVER IN FORCES? 1 XYES	V U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specif	y Yes or No- 1	4. RACE -	American Indian,			
ĭY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	2 NO ATES		B 2 NO Speci	an, Puerto Rican, etc lly:	L)	Snec//v	Vhite, etc.			
DB	15. OECEDENT'S EDU	CATION II	40. 000000000						White			
COMPLETED	(Specify only highest grade		18e. OECEDENT'S (Give kind of w life. Do NOT us	radir dane during m	ON ost of working	16b. KIND O	BUSINESS/INDU	STRY				
17	12 Years	College (14 or 5+)	Rate &	Audit (Clerk	8 &	O Railro	ad				
S	17. FATHER'S NAME (First, Middle, Last)		110000	. 10.020		AME (First, Middle, Mi		<i>y</i> u u				
BE	Alexander Lawren	ce				/ Emma Go						
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Ellene C. Lawrence 10729 Park Heights Ave. Owings Mills, Md. 21117 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Norme of Date 200. LOCATION — City of Town, State											
	1 Genetic 2 Greenation 3 Removal from State Commettery, crematory or other place) A/16/92 Baltimore, Md.											
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	22. NAME A	ND ADDRESS OF F	ACILITY			na.			
	James F. Bu	rnside, Jr.	ch. J			edefeld H d. Balti			21212			
	23. PART I. Enter the diseases, or o	complications that caused	the death. Do n	ot enter the me	ode of dying, suc	ch as cardiac or r	eapiratory arres	et,	Approximate			
	IMMEDIATE CAUSE (Final	List only one ceuse on ea	200		. 1		.4.10		Onset and Death			
	disease or condition - INTRACERE BRAZ VEMMORITAGE											
	DUE TO (OR AS A CONSEQUENCE OF):											
ō	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUÊNCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or injury											
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION		d										
CAL	PART II. Other aignificant condition	a contributing to death be	ut not resulting i	n the underlyin	g cause given in		S AN AUTOPSY REFORMED?		ERE AUTOPSY FINDINGS ALLABLE PRIOR TO			
	- A)	IA					S 2V NO	CO	MPLETION OF CAUSE DEATH?			
PHYSICIAN: MEDI		111				_		10	YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL											
Sign	EXAMINER?	HOSPITAL:	ativit a Class	OTHER:	LACE OF DEATH (C)							
HX	27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME	OF 28c, IN.	IURY AT	5 Other (Specify) 28d. DESCRIBE H	OW INJURY OCCU	RED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YES 2 NO							
- 1	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, s	treet, factory, offic	•	281. LOCATION (St. City or Town, S	reet end Number or	Rural Route	e Number,			
ET	4 Hornicide determined					Only or rown, s						
COMPLETED		CIAN: To the best of my knowle										
8	2 MEDICAL EXAMINE	R: On the beele of examination	and/or investigation	, in my opinion, o	leath occured at the	time, date end place	e, end due to the o	cause(e) en	d menner ee stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	B	. ^		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Mo	onth, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Town	Print1	D20	4.17	- 4	4-15-92				
	John G. Lavin		York Rd		more. Mc	1. 21212						
	31. DATE FILED (Month, Day, Year)	B2, REGISTRAR'S SIGNA	TURE	Daici		21212						
	APR 1 6 1992	guia pureson-	Market									



1992 St. Later Rose

14 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	on, or removal.	re medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF H	EALTH AND ME	NTAL HYGIEN	E	10037				
	1. DECEDENT'S NAME (First, Middle, Les	's Morel	and		2	DATE OF DEATH DA	14 4	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 712-03-4346 96. FACILITY NAME (If not institution, give	1 DA 2 F 7	7 YRS. MO	UNDER 1 YEAR ITHE DAYS CITY, TOWN O	IF UNDER 24 HRS. 7 HOURS MIN. R LOCATION OF DEAT	DATE OF BIRTH (Month, Day, Year)	Sc. COUNTY C	OF DEATH City				
DIRECTOR	Sina Itos	Ba	Itimore									
DIRE	Maryland 106. COUR	Baltimore	ION 10d. INSIDE CITY LIMITS? 1 ☐ YES 22€									
FUNERAL	3508 Millvale	101.	ZIP CODE	1207		of what country?						
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 12 YES IF YES, GIVE WAR OR DA	2 ND	13. WAS DEC	cify Cubsn, Mexican, F	NT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, stc. Specify: White						
COMPLETED	18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Ret: Baltimore Gas & Electric											
	17. FATHER'S NAME (First, Middle, Lest)	(First, Middle, Meiden										
TO BE	Benjamin Moreland Florence Carpenter 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
۴	Mrs. Constance C. Moreland 3508 Millvale Road Baltimore, MD 21207 206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of page 206. LOCATION — City of Town, Signs											
	1 M Murtal 2 Cremation 3 Removal from State A Donation 5 Dother (Specify) Lake View Mem. Park 4/18 Sykesville, Mem.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133											
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease of condition resulting in death) Image: Approximate interval Between Onset and Death disease of condition as a consequence on: DUE TO (De as a consequence on:											
LION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
AL CE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
PHYSICIAN: MEDICA	Pheumor					PERFOR	MED? NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 100	HOSPITAL:		HER:	S Residence 6							
ВУ РНУ	27. MANNER OF DEATH 1 Return 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR	IRY AT 26	d. DESCRIBE HOW IN	JURY OCCURE	D				
	3 Suicide 6 Could not b	26s. PLACE OF INJURY - building, stc. (Specif	At home, form, street	, factory, office	26	f. LOCATION (Street s City or Town, State)	nd Number or Ru	ral Route Number,				
COMPLET	2 MEDICAL EXAMI	SICIAN: To the bast of my knowle NER: Dn the basis of examination						ee(s) and menner se stated.				
TO BE	296. SARMATURE AND TITLE OF CERTIFI	in Kan	inh, N	10	29c. LICENSE NUMBE	ourry	P 04	NED (Month, Day, Year)				
	36 RAME AND ADDRESS OF PERSON W JONA (Month, Day, Your)	Boniuk, MA	THE (ITEM 27) (Type, Print	Hosp Ba	Ital, Ac	e ms	21215	•				
	APR 16 1992	32. REGISTHAR'S SIGNA Julia Davidson-Ac	ndelle			-						

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Pa	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	n v u
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H				10658			
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIFI	CATE OF	DEATH	REG. NO		3. TIME OF DEATH			
	MARK A.	MILLE	R			MONTH D		AR			
		5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6 9	BIRTHPLACE (State or Foreign			
V	205-44-1329	1 💢 M 2 🗆 F	34 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-3-57	1 1	PA.			
	Se. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	OF DEATH			
DIRECTOR	401 Warren St			BALTIN	IORE						
REC	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d, INSIDE CITY			
	MD		BAI	TIMORE				1 YES 2 NO			
ZAL.	10s. STREET AND NUMBER			10	. ZIP CODE			OF WHAT COUNTRY?			
Ä	401 WARREN AVENUE				21230		U.	S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	ARMED	II yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	ALCO A TOTAL	RACE — American Indian, Black, White, etc. Specify: WHITE			
ED	15. DECEDENT'S EDUCA		DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST	RY			
COMPLETED	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [College (1-4 or 5+)] [12th]										
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE C	CURIN MILLER PAULINE AOCKERSMITH										
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
F	BEVERLY MILLER 401 WARREN AVENUE/BALTIMORE, MD 21230										
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remov	20b. PLAC	CEAND DATE O	FDISPOSITION (No	me of	DATE 20c. LO	CATION — City	or Town, State			
	4 Donation 5 Other (Specify)	A GREE		CEMETE	RY	BAL	_TIMORE	, MD			
	22. NAME AND ADDRESS OF FACILITY WM.G. MARCH F.: H./1101 E. NORTH AVENUE										
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heert fellure. List only one cause on each line. Approximate interval Between										
	ahock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Fine)										
	disesse or condition resulting in desth)	Pneumonio	,					Onset and Death 2 weeks			
	resulting in destin)	DUE TO (OR AS A CONS):							
z		Sarrama						3 years 6 mos			
음	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS):							
CERTIFICATION	CAUSE (Disesse or injury	Leukope						6 Mos			
H	that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF):							
Ë	d.										
· .	PART ii. Other algnificant conditions	contributing to deeth but no	t resulting in	n the underlying	ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	Cytomegalovia	W				PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	Munhallerial	. NECTION				1 NES 2	A40	OF DEATH?			
2	119to vacro val	110.001.0						1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			20 00	ACE OF DEATH (Ch						
Σ Σ	EXAMINER?	HOSPITAL:	a [] and	OTHER:							
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME			8 Other (Specify) 26d. DESCRIBE HOW I	N HARV OCCUPA	70			
	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	RK?	200. DESCRIBE HOW I	NJUNY OCCURE	:0			
BY	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY At	home, farm, st			281. LOCATION (Street)	and Number or G	tion Secreta Marmhae			
	4 Homicide 6 Could not be determined	building, atc. (Specify)				City or Town, State)	Humber of n	or an industry statement,			
COMPLETED	296. CERTIFIER 1 CERTIFYING PHYSICI	ANI, To the heat of the least o	de de	4 -4 45 - 45 - 1							
W		AN: To the best of my knowledge, On the beels of examination and/o						use(s) and =			
	206. SIGNATURE AND FITTLE OF CERTIFIER	The state of the s		, at my opinion, d							
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
9	1000	COMPLETED CAUSE OF DEATH (1)			0 638	8 7	711	0116			

CAUSE OF DEATH (ITEM 27) (Type, Print)
418 W Boud Ambinder

PR

31. DATE FILED (Month, Pay. Year) 32. REGISTRAR'S SIGNATURE

1992

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John Tirland

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E, MARYLAND 21215-0020	
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ERNESTINE B. McCOLLUM

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN: The law implicit the distribution of the HOSPITAL OR ATTENDING PHYSICIAN OR ATTENDING PHYSICIA

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 VEAR	IF UNDER 24	Ame	7. DATE OF BIRTH		DIETTUS	LACE (State or Foreign
	220-30-2751 1□ M 2 🖾 F 95 YR				MONTHS DAYS HOURS AM				(Month, Day, Year) Cou			LAGE (State or Foreign
	9a. FACILITY NAME (If not institution, give :		96. CITY, TOWN OR LOCATION OF DEATH							yland		
œ		treet and number)							NTH	9c. COUN		
DIRECTOR	Broadmead Cockeysville Balti										imor	re
မှု	10a. STATE 10b. COUNT	Υ		10c. CI	TY, TOWN	OR LOCAT	TION					10d, INSIDE CITY
声	Maryland Balt:	more			Cc	cke	ysvill	0				LIMITS?
LONEHAL	10e. STREET AND NUMBER						1. ZIP CODE			10g, CITIZ		IAT COUNTRY?
П	13801 York Rd.						21030			U.S.		
5	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED							C ORIGIN? (Specify Yes			- American Indian,
10 01	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? IF YES, GIVE	1 YES 2 WAR OR DATES	⊠ио		If yes, sp	ecify Cuben, N 3 2 🖾 NO	Maxican,	Puerto Rican, etc.)		Black, Spec//y Whit	White, atc.
	15. DECEDENT'S EDU (Specify only highest grade	16a.	DECEDENT'S					16b. KIND OF BUS	SINESS/INDU	STRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	work done ise retired.)	during mo	ost of working					
		5+ yrs Dieti			ian				Johns H	lopkir	s	
	17. FATHER'S NAME (First, Middle, Lest)							R'S NAM	E (First, Middle, Meiden	_		
1	Charles R. Bed	Mar	v D	. Middendo	orf							
	19e. INFORMANT'S NAME (Type/Print)	19e. INFORMANT'S NAME (Type/Print)						_	oute Number, City or Town		Cordel	
	Lee Jones		1								,000,	
	600 Lake Dr. Towson, Md. 21204											
ı	1 Burlal 2 Cremation 3 Removal from State complexy, cremationy or other place)									n, state		
	4 Donetton 5 Other (Specify) Hilltop Service Corp. 4-14 Towson, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY											
	Ruck Towson Funeral Home, Inc.											
1050 York Rd. Towson, Md. 21											1204	
	23. PART I. Enter the diseases, or shock or heart fellure	complications the	at caused the	deeth. Do	not enter	the mo	ods of dying,	, such	as cardisc or respi	ratory srre	st,	Approximate
shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final												Interval Betwee
disease or condition M. Off A. A.											1	
z resulting in death) DUE TO (OR AGA CONSUMUENCE OF): Car dioriascular Discuss									1			
									i			
1	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):										1	
	cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initiated events	DUE TO	Off AS A CON	BEQUENCE O	F):							1
	resulting in death) LAST	4										1
CERTIFICATION			ing to death but not resulting in the underlying cause given in							1		
WEDICAL .	PART II. Other significant condition	s contributing to	death but no	t resulting	In the ur	derlying	g ceuse give	en in P	In Part I. 24a. WAS AN AUTOPSY PERFORMED?			VERE AUTOPSY FINDING
	Jeure	Usley	perores	_					1 - YES 2		1	COMPLETION OF CAUSE OF DEATH?
			J									YES 2 NO
									_			0.14
	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEAT	TH (Chec	k only one)			
	1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 □ 904	OTHE	A:			Other (Specify)			
	27. MANNER OF DEATH	28e. DATE OF	FINJURY	28b. TIN		28c. INJ			28d. DESCRIBE HOW IF	WURY OCCI	BED	
	1 Natural 5 Pending	(Month, L	Day, Year)	IN.	JURY	WO	PRK? YES 2 N	- 1				
1	2 Accident Investigation	28e. PLACE (OF INJURY — At	home ferm	Mrant tool				201 LOCATION (Communication)		0	
	3 Suicide 6 Could not be 4 Homicide determined	building	etc. (Specify)	none, rann,	attest, reci	ory, orner			281. LOCATION (Street e City or Town, Stete)	na Number o	Hural Floo	ite Number,
1												
									the ceuse(s) end men			
	Orie) 2 MEDICAL EXAMINE	R: On the beele of a	xamination and/	or investigation	on, in my o	pinion, d	leath occured a	at the ti	me, data and place, end	d due to the	ceuse(a) a	and manner as atsted.
	296. SIGNATURE AND TITLE OF CERTIFIES	/					29c. LICENSI				_	Aodth, Day, Year)
	helden t						רת	7 4	100	DATE:	17/17	19)
28b. TIME OF INJURY AT 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NAME AND ADDRESS OF PERSON WHO COMPLETED SAUSE OF DEATH (ITEM 27) (Type, Print)										112	114	
		A			ring							
	Walter Hepner 3313 Papermill Rd. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
	NDD 16 1992 Lie Savidon-Randose											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92

YEAR 92

2. DATE OF DEATH DAY 4 13

10659

DHMH-18 Rev 1/89

9:00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE

2

MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

Mengele Madeline 14 04 6. MGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. DAVE HOURS 216-07-3190 1 M 2 X F 76 8-20-1915 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Joseph Hospital Towson 10c. CITY, TOWN OR LOCATION Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21213 2633 Chesterfield Ave. use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, stc.)

1 □ YES 2 N NO Specify: FORCES? 1 YES 2 1 Never Married 2 X Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade completed) Ď Elementary/Secondary (0-12) College (1-4 or 6+) 10 Yrs. Bookkeeper Tage 5 should be detached at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Madeline Przybyl Andrew J. Dukert BE notified 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 Rt 2, Box 435, Summersville, W.Va. 26651 Mark W. Mengele 2 20t METHOD OF DISPOSITION
1 \(D \) Burlel 2 \(\to \) Cremation 3 \(\to \) Removal from State
4 \(\to \) Donation 5 \(\to \) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name must Crownsville Veterans Cemetery 4-20-92 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. Cather 22, NAME AND ADDRESS OF FACILITY n by the turning removal. 24 hours after deam Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., MD. 21214 Roy H. Cather medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, filled in by ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) I completely filled irial, cremation, c Metastatic carcinoma to Liver the disease or condition reculting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within injury, or other traumatic event, signed by the attending physician and con Health and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL e Dept. of Health and m 23 shows any Ir After this certificate has death with the State De marked, or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO etlant 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending investigation 1 YES 2 NO BY After t TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If item 28 is m 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

PATHOLOGIST

JOSEPH HOSPITM

MD

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ARE

1992

STEVEN R

31. DATE FILED APPROX. Took

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH 8. BIRTHPLACE (State or Foreign Maryland 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White 165 KIND OF BUSINESS/INDUSTRY Md. Nat'l. Bank 20c. LOCATION — City or Town, State Crownsville.Md. Interval Between **Onset and Death** 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 28d DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, DATE SIONED (Month, Day, Year)

MI)

TOWSON

DIVISION OF VITAL RECORD

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAN	D / DEPAR					MENTAL HYGIEN REG. NO.	E		100	0 1
TOR	1. DECEDENT'S NAME (First, Mic JAMES B	ddie, Lest) MURPHY							2. DATE OF DEATH MONTH April 16,		YEAR 3.	TIME OF DEAT	rn M
	4. SOCIAL SECURITY NUMBER 215 07 1054	5. SEX 1 🕮 M 2 🗌 F	(,,,,			DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) July 12,1912			ACE (State or Fo	oreign
									EATN	Bal	t Imoi		
DIRECTOR	10a. STATE Maryland B	10c. CIT	tons	or Local Vill	rion e			50		Dd. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 2201 Rock H.	100. STREET AND NUMBER 2201 Rock Haven Ave.,						e 8		10g. CITIZEN OF WHAT COUNTRY?			
BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Mai 3 Widowed 4 Divorced	ARMED NO	If yes, specify Cuban, Mexican, Puerto Rican, atc.) Black, W					American Indi Whita, atc. White	an,				
	15. DECEDE (Specify only his Elementary/Secondary (0-12)		(Give kind of the Do NOT u	work done	during mo	ON ast of world	ng	16b. KIND OF BU	SINESS/INDU		lty		
	17. FATHER'S NAME (First, Middle, Last) James P Murphy 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number, City or Town, Stefe, Zip Code)												
10	19a. INFORMANT'S NAME (Type Mrs Helen V	41131 7 4 4115					Route Number, City or Tow Catonsvil			28			
	20a. METHOD OF DISPOSITION 1	etany, cremator	DATE OF DISPOSITION (Name story or other place) Llawn				2/20 Howard County						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Harry H Witzke Funeral Home Inc. 4112 Old Columbia Pikeellicott City Md.										١.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, shock, or hear failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition as a cause of cause or condition as a cause or condition as a cause or condition as a cause or condition as a cause or condition as a cause or condition as a cause or condition as a cause or condition as cause or condition as cause or condition as cause or condition as cause or condition as cause or condition as cause or condition as cause or condition as cause or condition as cause or condition as cause or condition as cause or										nt,	Approximation interval 8 Onset and	d Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury)											4646	2.
CAL CERTIF	that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. W								VERE AUTOPSY F	TO			
5	N.I.D.D.M.										OMPLETION OF F DEATH?	CAUSE	

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 1 YES 2 NO 6 Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident
3 Suicide
4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

S-7346

Md. 21228

29d. DATE SIGNED (Month, Day, Year)
4/16/92

1 TYES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Adman M. Soumez MD: 500 N. Palling RJ.

APR 16 1992

-32. TEGISTHAR'S SMATHERE

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United State

1	-	FOR STATE
•		REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND C	ERTIF					MENT	AL HYGIEN REG. NO.	_		10002	
	1. DECEDENT'S NAME (First, Middle, Las		. McIntyre						2. DATE OF OEATH 3. TIME OF DEATH					
	JAMES MCINTYRE								MON			YEAR	6:10 a.m.	м
OR	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. le	B. AGE (In yrs. lest birthday)			IF UNDER	DEII 24 HRS. 7 DA		ATE OF BURTH			HPLACE (State or Foreign	-	
	216-34-4126 1⊠ № 2 🗆 ғ		55 YRS		MONTHS	DAYS	HOURS MIN.		04-11-193		7	Baltimore,		
	9a. FACILITY NAME (If not institution, give		`			R LOCATIO	ON OF DE			9c. COUNTY OF DEATH			-	
	THE JOHNS HOP	ITAL.	'AT. RAT			TIMORE CITY						N/A		
DIRECTOR	RESIDENCE OF DECEDENT												-	
E	Maryland N/A		10c. CITY, TOWN OR L									10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER		Baltimo									1 X YES 2 NO		
FUNERAL	5505 Anthony Ave		101. ZIP COD 21206								10g. CITIZEN OF WHAT COUNTRY? J.S.A.			
	11. MARITAL STATUS	IT EVED IN I.C. A	VER IN U.S. ARMED 13, WA											
	1 Never Married 2 Married	FORCES? 1			If yes, sp	AS DECENDENT OF HISPANI yes, specify Cuben, Mexican YES 2 NO Specify:			IN? (Specify Yea Rican, atc.)	or No-	14. RACE — American Indian, Black, White, atc.			
BY	3 Wildowed 4 N Divorced	Korean			1 TYES				r.		White			
ED	15. DECEDENT'S E	18e, DI	18e. DECEDENT'S USUAL OCCUPATION						16b. KIND OF BUSINESS/INDUSTRY				-	
<u> </u>	(Specify only highest gra Elementary/Secondary (0-12)	+)	(Give kind of work done during most of working life. Do NOT use retired.)											
MP	12th Grade		Sel:	Self Employed					Insurance					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden Sumame)					
BE	Guy H. McIntyre			Margare						irsh				
2	19a. INFORMANT'S NAME (Type/Print)									mber, City or Town				7
	Jane Frances Cai	<u>n</u>	- !	5505	Anth	ony	Aven	ue,	Bal	timore,	Mar	ylar	nd 21206	
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Re	moval from State	20b. PLACE cemetary_cre	AND DATE	of Dispos	Na NOITIE	me of						own, State	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	losubse .	Park	wood					4/	16 Balt	imor	e, N	Maryland	_
1	V-71.	ha ha	/	1			ADDRES			nc				
	Kallelle	7/h, /4	wyon	y	164	15 E	elai	r Ro	ad.	Raltin	ore.	Mar	yland 21206	5
	23. PART i. Enter the diseases, o shock, or heart failure	r complications the	it caused the de	th. Do	not enter	the mo	de of dyi	ng, suct	n aa ca	rdiac or reapi	ratory ar	reat,	Approximate	٦
	IMMEDIATE CAUSE (Final	Λ 1	1 7	f	1 0		0					7	Onset and Death	
	disease or condition reaulting in death)	1-V1	ETASTE	Xuq.	Ad	ius	. 61	rcia	a short	. Uk.	~~	Tri	ZAHY. 5 HONT	14
		OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions,	b. Chros	(OR AS A CONSE			(ac.	1.01	No. C.	7	8	36	•	246cv	
AT	if any, leading to immediate cause. Enter UNDERLYING		(4	0021102 0	,				1				Ì	
E	CAUSE (Disease or injury that initiated eventa	C. DUE TO	(OR AS A CONSE	OUENCE O	F):									-
F	reaulting in death) LAST	d												
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													
CAL		Zing Contributing to	death but not i	esuiting	in the un	derlying	cause g	iven in i	PERFORMEO? AMAILABLE PRIOR TO					ı
										1 TYES 2 THO COMPLETION OF DEATH?			OF DEATH?	1
Σ									_				1 TES 2 NO	1
NA N	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
PHYSICIAN: MED	EXAMINER?	HOSPITAL:	ER/Outpetlant 3	. □ noa □	OTHER	R:				er (Specify)				1
主	27. MANNED OF DEATH	28s. OATE OF	INJURY	28b. TIM		28c. INJU	JRY AT	siderice	_	SCRIBE HOW IN	JURY OC	CUREO		4
ВУР	1 Natural 5 Pending 2 Accident Investigation		(Month, Day, Year)			1 Y	RK? ES 2 _	NO						ı
	3 Suicide a Could not b	28s. PLACE O	28s. PLACE OF INJURY — Al home, larm, street, fed building, etc. (Specify)			ory, office				28I. LOCATION (Street and Number or Rural Route Number,				
	4 Homicide defarmined	Danioling.	arc. (Specify)						City	City or Town, State)				
2 1	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.													
COMPLET													a) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIC	/				29c, LICENSE NUM					29d. DATE SIGNED (Month, Day, Year)			
BE	the solo	1	\ ·			12652.			.	► 04/14/52			ı	
٩	30. HAME AND ADDRESS OF PERSON W	IS. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF					7,					11.	((4
	John He	Deins	Hospi	tol										
	31. DATE FILEO (Month, Day, Year) APR 16	32. REGISTA	R'S SIGNATURE	Do	4.02	à								1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

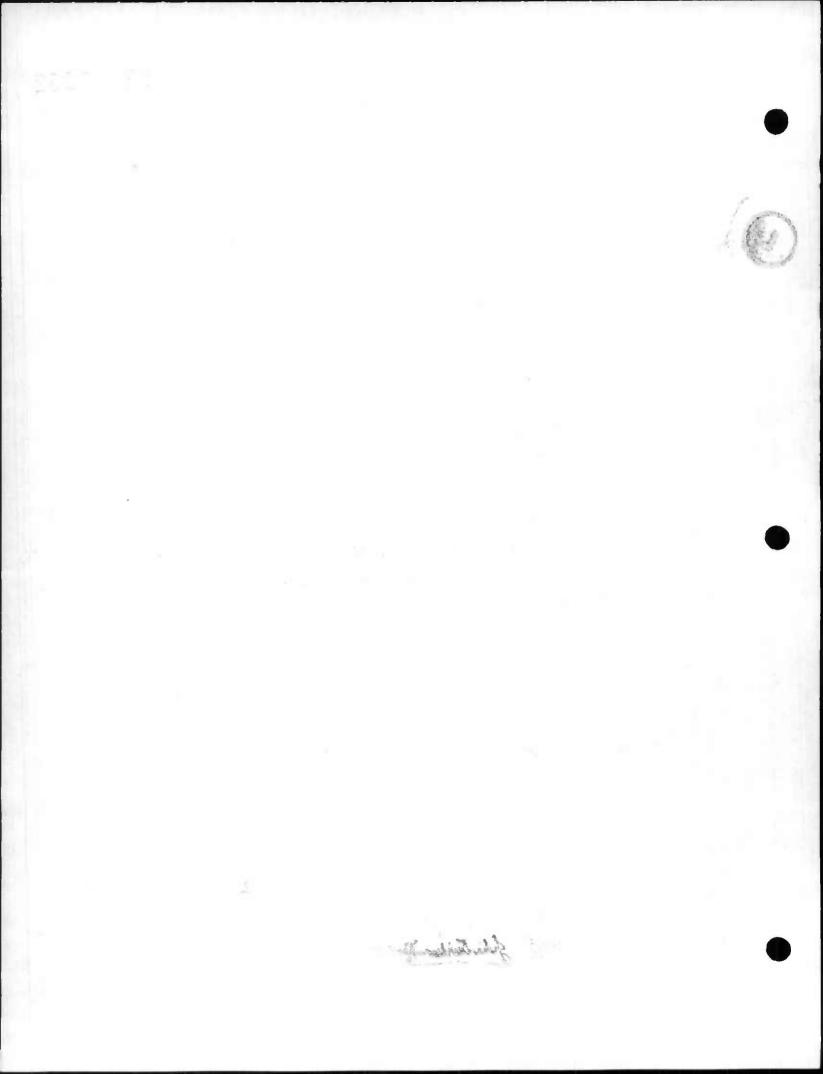
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

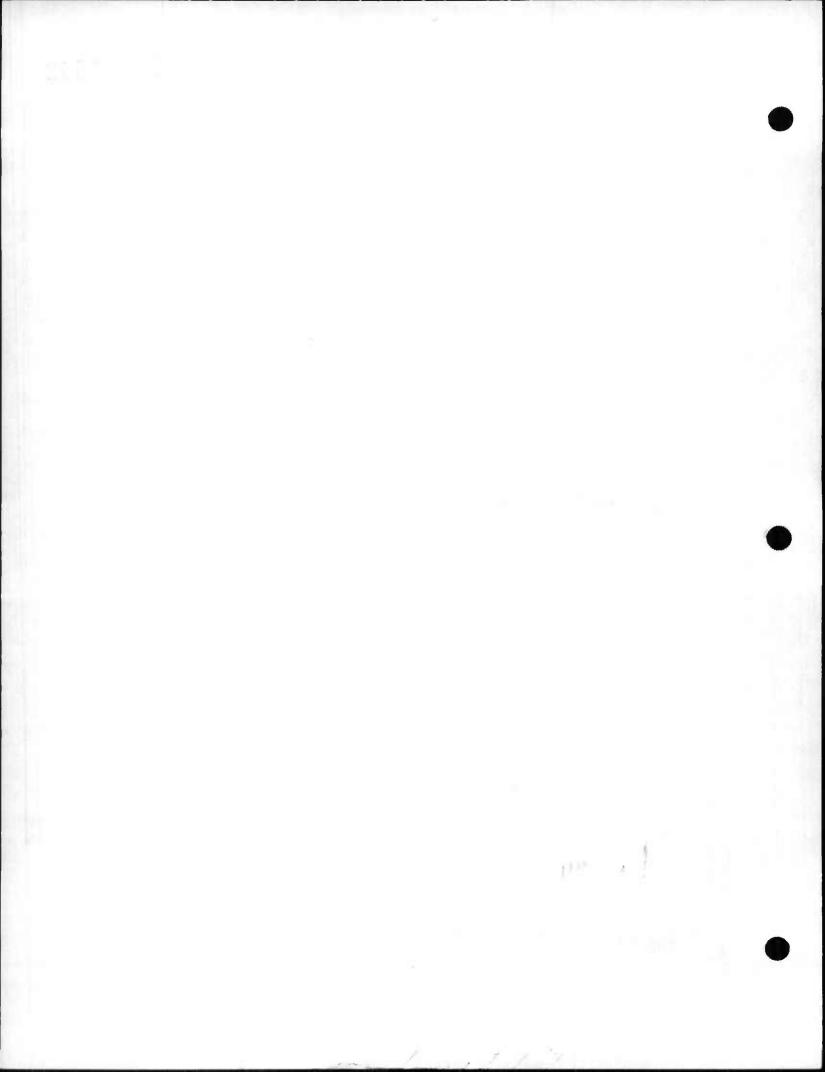


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND		GIENE G. NO.	[0003	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH DAY	3	. TIME OF DEATN	
	Doris	OR	EM			April		92	2300 м	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	IRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign				
	217 03 9755		2 YRS.	MONTHS DAYS	HOURS MIN.	11-13-	-1919 N	Country lary 1	and	
_	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH		TY OF DEA		
2	Franklin Square Hospital Rosedale/Essex Baltimore							e co		
EG	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWH OR LOCA	ION			1	Od. INSIDE CITY	
DIRECTOR	Maryland Balto	Co							LIMITS?	
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZ		AT COUNTRY?	
FUNERAL	101 Langley Road					221		U	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DEC	ENDENT OF HISPAI	VIC ORIGIN? (Spe	cify Yes or No-	14. RACE -	- American Indian, White, stc.	
8	1 2 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 3 Widowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 5 Porces? 1 YES 2 NO Specify: Specify								White	
9	15. DECEDENT'S EDU	ICATION	16. DECEDENT'S	USUAL OCCUPATION	NA	185 VIND	OF BUSINESS/INDU	IO TOW	WIIICE	
	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)		vork done during mo		TOD. KIND	OF BUSINESS/INDU	SIRY		
립	are the state of t	Contage (1-4 of 5 4)				Off	ic Worke	r		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)			
ш										
0 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City	or Town, State, Zip (Code)		
-										
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Rem	novel from Stata cen	netery, crematory or or		me of	DATE	20c. LOCATION — C	ity or Town	, Stata	
J	4 Donation 6 Other (Specify) 112 21. SIGNATUME OF FUNERAL SERVICE LIC		do Din	22 NAME AL	ID ADDRESS OF TA	CH Ch -	teAnatom	D	. 3	
ĺ	1	1 // /.	4/15/92				to.,MD 2	_	ra	
_4	Amena)	10 1000								
	23. PARO i. Enter the diseases, or shock, or heart fellure.	complications that cause List only one cause on a	d the death. Do r lach line.	ot enter the mo	de of dying, suc	h aa cardlec o	r respiratory arre	et,	Approximate Interval Between	
1	IMMEDIATE CAUSE (Finel disease or condition	041 10 0		1.4/	100-				Onset and Death	
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	- //V	AKCT	10~				
_	a. MYOCARD (AL INTARCTION) DUE TO (OR AS A CONSEQUENCE OF): (OBO (ADV AR DRY)) CONSECUENCE OF):									
HIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):									
<u> </u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF) :						
CER		d								
AL.	PART II. Other algolificant condition	na contributing to death t	out not resulting i	n the underlyin	cause given in		MAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDINGS	
							YES 2 NO	[CI	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
									YES 2 NO	
PHYSICIAN: MEDIC										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? RE RESULTA	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)				
2	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Out		4 - Nursing Nor	e 5 🗌 Rasidenca					
2	1 Natural 5 Pending	(Month. Day, Year)	28b. TIM INJ	E OF 26c. INJ	RK?	28d. DESCRIBE	HOW INJURY OCCU	JRED		
à	2 Accident Investigation 3 Suicide & Could not be	280. PLACE OF INJURY	f — At home, term, s			28f. LOCATION	(Street and Number o	r Aural Bou	te Number	
	4 Nomicide 6 Could not be determined	building, etc. (Spe-	cify)			City or Town	, State)			
COMPLETED	29a. CERTIFIER 10 CERTIFYING PHYSI	ICIAN: To the best of my know	riedge, death occum	d at the time date	and place, and due	to the cause(s)	and manner as state	4		
\$	and and	ER: On the basis of examination							nd manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI				fonth, Day, Year)	
N N	Dan mock	Cam no	D		1724	f75	D 4/	10/0	7	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE			,	10	- 7	10/7		
	A 1 1 - 1 - 11 / 1 - 1 - 1		JKLIN -	SQUARE	HOLF	ITAL	BACTO	1217	137	
	APR 16 1992	Julia Davidson-M	andell							



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7	PHYSICIAN
MINISTON OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be rescribed within 24 hours afti
>	OR A

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygines prior to burial, cremation, or removal arcaminate many attended not them 28 the marked on them 23 should account to provide the manufactor and injury no righter transmatic manufactor arcaminate manufactor.
THE CHILDREN OF THE PROPERTY O

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAN		01		ICATE	OI DE	AIII	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF DEATH		1.566	3. TIME OF DEATH	
	MARY F. PARH	AM						04 14		1992	8:02 a.mw	
1	4. SOCIAL SECURITY NUMBER								+ 1			
1			6. AGE (In yrs. last	birthday)	IF UNDER 1 Y		DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNI Country	PLACE (State or Foreign	
	218-76-8520	1 M 2 JF	73	YRS.	MONTHS D	AYS HOUR	S MIN.					
	9a. FACILITY NAME (If not institution, give a	med and aumbed			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH							
	Sa. PACIETY WARE (II NOT MEMOROW), give a	reet and number)			96. CHY, 10	WN OR LOC	ATION OF DE	HTA	9c. COU	INTY OF DE	EATH	
9	THE JOHNS HOPK	INS HOSPI	TAL		BAL'	CIMORI	E CITY	ζ				
Ĕ.	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	OCATION			0		10d, INSIDE CITY	
<u> </u>	Mamera and	20.000				timor	:n 0:	4			LIMITS?	
		none Ba						Ly	1 X YES 2 NO			
₹	10e. STREET AND NUMBER	REET AND NUMBER					101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	2550 Cecil Av	59 Cecil Avenue					21.218			United States		
ž	11. MARITAL STATUS			-								
5 1		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO			13. WA	DECENDEN	T OF HISPAN	NIC ORIGIN? (Specify Yes	or No-	14, RACE	- American Indian, White, atc.	
	(XNever Married 2 Married	IF YES, GIVE WA				YES 2				Specify		
BY	3 Widowed 4 Divorced					X					roid	
0	15. DECEDENT'S EDUC	CATION	I see DEC	'EDENT'S	USUAL OCCI	DATION		Tank white on our			LOIG	
# 1	(Specify only highest grade	completed)	(Gh	re kind of s	work done duri	ng most of we	orking	16b. KIND OF BUS	ANESS/IN	DUSTRY		
ш	Elementary/Secondary (0-12)	College (1-4 or 8 +)	1/70.	Do NOT us	se retired.)							
<u>a</u>	1st grade	none		no	ne			non	е			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					1 40 14	OTNEBIC NA	ME (First, Middle, Maiden	Comment			
H	Steven Parham					En	ıma w	ashingto	n			
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (S	treet and Num	ber or Rural I	Route Number, City or Tow	n, State, Zk	in Code)		
5	Carrie Waters		25	736	Hugo	Aver	1116	Balto, Ma	rvls	and	21218	
							iac,	Dar to, Ha	ТУТС	ziiu	21210	
	20a. METHOD OF DISPOSITION 1℃ Burlal 2 ☐ Cremation 3 ☐ Remo	med from State	20b. PLACE A	ND DATE	OF DISPOSITIO	ON (Name of		DATE 20c. LO	CATION -	City or Tow	wn, Stata	
	4 Donation 5 Other (Specify)	Jean Irom State	Rall + i	matory or o	ther place	nator	357 /_	718 .02 Bo	7 + 1 r	nomo	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER!		TIIOT	22 NA	WE AND ADD	DECC OF FA	110-74 Da	T 0 T 11	поте	Maryrand	
				0				cruggs F	uner	ral T	Home	
	Mali R	- Com	50×	1 -	7 4	10 1	Dmo	CT aggs T	Dal			
	Comm Di				1 14.	LZ E.	r r.e	ston St.	Dal	L TO, I	Ma. STST2	
	23. PART I. Enter the diseases, or o	omplications thef	catised the dea	ith. Do r	not enter th	mode of	dying, auc	h as cardlec or reapi	ratory ar	rest,	Approximata	
	shock, or heart fellure.	List Dnly Dne ceus	e on eech line.								Interval Batween	
- 1	IMMEDIATE CAUSE (Final disease or condition	A . (0		-						Onset and Death	
	resulting in desth)	. Acut	e ken	a	tall	unc	cute	Renal F	ailu	ire)	3 days	
		DUE TO (OR AS A CONSEQ	UENCE O	PF):					1		
- 1	_	Strol	0115	2115	501	20151	CL.				3 10 -	
6	Sequentially list conditions,	Jacon	, activit	CNO	26	12,-	Stap	, aureus	ser	1818	30043	
E	Many tradition to the culture	0) 01 300	OH AS A CONSEC	UENCE O	F): 1	- ((
3	CAUSE (Disease or Injury	Recur	mut 4	ITA	on tract infections					340.		
正	that initiated events	OUE TO (C	OR AS A CONSEC	UENCE O	F):							
F 1	resulting in death) LAST	Chitta	ic ren	01	insus	Giri	INC.				3 4rs.	
EDICAL CERTIFICATION		1	10 100		11.70	1101	Crace				3913.	
<u>ا</u> ا	PART II. Other algnificant condition	a contributing to d	eath but not re	autting	in the unde	dulna cous	e alven in	Part I. 24a, WAS AN	ALITORAY	245	WEDE AUTOCON THEMS	
<u>র</u> ॥									MED?	240.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
$\lesssim 1$	Multinfaret de	menta,	lung m	446 (work w	deler	100 600	1 TES 2	NZ NO		COMPLETION OF CAUSE	
<u>u</u>	family due to pas	- M. Jan	4.4			0		2	*		OF DEATN?	
Σ	mil Dance to have	CO- > CAM	mina)					—			1 TYES 2 NO	
ž								W				
× 1	25. WAS CASE REFERRED TO MEDICAL					28. PLACE OF	DEATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	EB/Output	D DC:	OTHER:							
× 1								6 Other (Specify)				
£ 1	27. MANNER OF DEATN	28a. DATE OF III (Month, Day		28b. TIM	E OF 28	e. INJURY AT WORK?		28d. DEŞCRIBE NOW II	NJURY OC	CURED		
	1 Natural 5 Pending					YES 2	DND					
B	T PROGRAM	28a PLACE OF	INJURY — At hor	a from			_					
	3 Suicide 6 Could not be 4 Homicide determined	building, of	c. (Specify)	ru, sarrii, :	street, inctory,	Office		281. LOCATION (Street a City or Town, State)	ind Number	r or Runal Ro	oute Number,	
E	4 Inomiciae outermined	1 1/4	A									
" I	29a. CERTIFIER	MAN T. 4										
8	(Check only one)											
29a. CERTIFIER (Check only one) 29a. CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause									he cause(a)	and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER					Las	IOENIA -					
290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER Partt									29d, DAT	E SIGNED	(Month, Day, Year)	
	though 4K	NOTZMA					04 + S	A 3		4 14	92	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH GTEM	(27) (Type	Print)		16. 6	11.	. 7.	7040	+	
	JON L. KROKE	lawer, J	onns Hop	Kus !	De 6' 100	OHU	2126 12	m show was	DZI	502		
		and I of at both	CARDY I AS	dicur	6.							
	31. DATE FILED (Month, Day, Year)	2. HEGISTHAR	SIGNATURE	22								
	APR 16 1992	Julie Ber	Colonia	4.								
	11111 20 1000	-										





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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CEI				DEAT		REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEAT	н
	Constance	Gale	9			Perr	y		04 10 c	19	992	10:30	Pw
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b	irthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or For	reign
	216-62-1590	1 [M 2 X F	1 ☐ M 2 🔀 F 37 YRS. MONTH			DAYS	NYS HOURS MIN.		(Month, Day, Year) 08/31/54		Maryland		
		CILITY NAME (If not institution, give street and number)			9b. CITY.	TOWN O	R LOCATION	N OF DEA			NTY OF D		
Œ	North Arundel Hospital												
5	RESIDENCE OF DECEDENT					<u>Gle</u>	n Bu	rni	<u>e</u>	Anne Arundel			1
HE S	10a. STATE 10b. COUNT	r		10c. CIT	Y, TOWN O	R LOCAT	ION			10d. INSIDE CITY			
0	Maryland A	nne Aru	ındel			Gambrills					LIMITS? 1 YES 2 NO		
AL.	10e. STREET AND NUMBER					101.	ZIP CODE	IIIDI	1115	10g. CIT	IZEN OF V	VHAT COUNTRY?	
BY FUNERAL DIRECTOR	727 Annapolis	Road						21	054		US	: A	_
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARME		13. V	MAS DECI	ENDENT OF		C ORIGIN? (Specify Ye	e or No-	- 14. RACE - American Indian.		
F	1 Never Married 2 Married FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES				l fr	f yes, spe	city Cuben, 2 X NO	Mexican.	, Puerto Rican, etc.)		Black	Black, White, atc.	
	3 Widowed 4 Divorced					☐ FE3	ZIANO	арвспу.		Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION			IT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INQUSTRY								
E	Elemantary/Secondary (0-12)	Ho. Di	o NOT us	kind of work done during most of working of NOT use retired.)									
API	12th			Hor	nema	ker				Home	٥		
Ö	17. FATHER'S NAME (First, Middle, Last)	·					18. MOTHE	R'S NAM	AME (First, Middle, Maiden Surname)				
BEC	Anthony M.	Matthey	s. Sr.				G	era	ldine I	ano			
	19e. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS	(Street ar			oute Number, City or Tox		o Code)		
2	Albert D. F	errv	4						Gambril			21054	
	20e. METHOD OF DISPOSITION		20b. PLACE ANI	DOATE	OF DISPOSI	TION /Nar	ne of	u.		CATION -			
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		Metro	tory or o	ther place)	37	na		4/13				
	21. SIGNATURE OF FUNERAL SERVICE CO	CENSED /	W //	OTCI			D ADDRESS			Dal	LIMO	re, MD	
	102.	1 -11	age.		C	rem	atio	n S	ociety	of M	d	Inc.	
	George E.				2	99	Fred	eri	ck Rd.	Bal:	to.	MD 21	228
	23. PART I. Enter the diseasea, or a ahock, or heart failure.	complications tha List only one cau	t caused the deat	h. Do r	not anter	the mod	le of dying	g, auch	as cardiac or reap	iratory ar	rest,	Approxima interval Be	
	IMMEDIATE CAUSE (Final											Onset and	
	disease or condition												
	OUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions b.												
Ĕ	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
ਨੂੰ	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
#	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEOU	ENCE O	າ:								
CERTIFICATION	Total III g III double) Excel	d											
اد	PART II. Other algnificant condition	a contributing to	death but not res	uiting	in the un	deriying	cause giv	ven in P	art I. 24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FIN	DINGS
DICAL									PERFO			AVAILABLE PRIOR T	o
입				_				-	YES	NO I		OF DEATH?	
Σ									- '			1 YES 2 N	0
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL					00 84	05 05 05	T11 (0)				1	
[[EXAMINER?	HOSPITAL:		T	OTHER	:	ACE OF OEA						
Ž	1 YES 2 NO 27. MANNER OF CEATH	28e. DATE OF	ER/Outpatient 3						Other (Specify)				
	1 Natural 5 Pending	(Month, D	ay, Year)	1NJ	URY	28c. INJU WOF	RK?		28d. DESCRIBE HOW	INJURY OC	CUREO		
2 Accident Investigation M 1 YES 2 NO													
	3 Suicide 6 Could not be	building,	atc. (Specify)	, rarm, s	Rreet, racto	ery, office			28f. LOCATION (Street City or Town, Stete)	end Numbe)	r or Rural P	loute Number,	
<u> </u>					*								
릴	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, death	occum	d at the tie	me, date	end place, e	ind due to	o the cause(e) end ma	nner se sta	ted.		
COMPLET	2 KNEDICAL EXAMINE	R: On the besty of a	ination end/or invi	estigatio	n, in my op	olnion, de	ath occured	f at the ti	me, date and place, er	nd due to ti	ne cause(e) end manner ee et	nted.
	296 SHONATORE AND TITLE OF CENTERIES	u 111	h.	1		T	29c. LICEN	SE NUME	DER	29d. DAT	E SIGNED	(Month, Day, Year)	
BE	Mu A	John _	XI MA				0.C.	M.E.				/1992	
임	SO, NAME AND ADDRESS OF PERSON WH	COMPLETED CAU	BADE DEATH LITEM 2	T) (Type,	Print)		0.00		-	0	4/ 12/	1 1 1 1 2	
	MARIO & GOVI		V 1.			ree	- Ral	+imc	ore Maryla	and o	1201		- 1
l	31. DATE FILED (Marie). Day, Ibari		R'S SIGNATURE	_ ~			- / DUL		TC Pary 16	ulu Z	TZUI		
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO RE COMPLETED BY PHYSICIAN: MEDICAL CEPTIFICATION

John Davidson Randell

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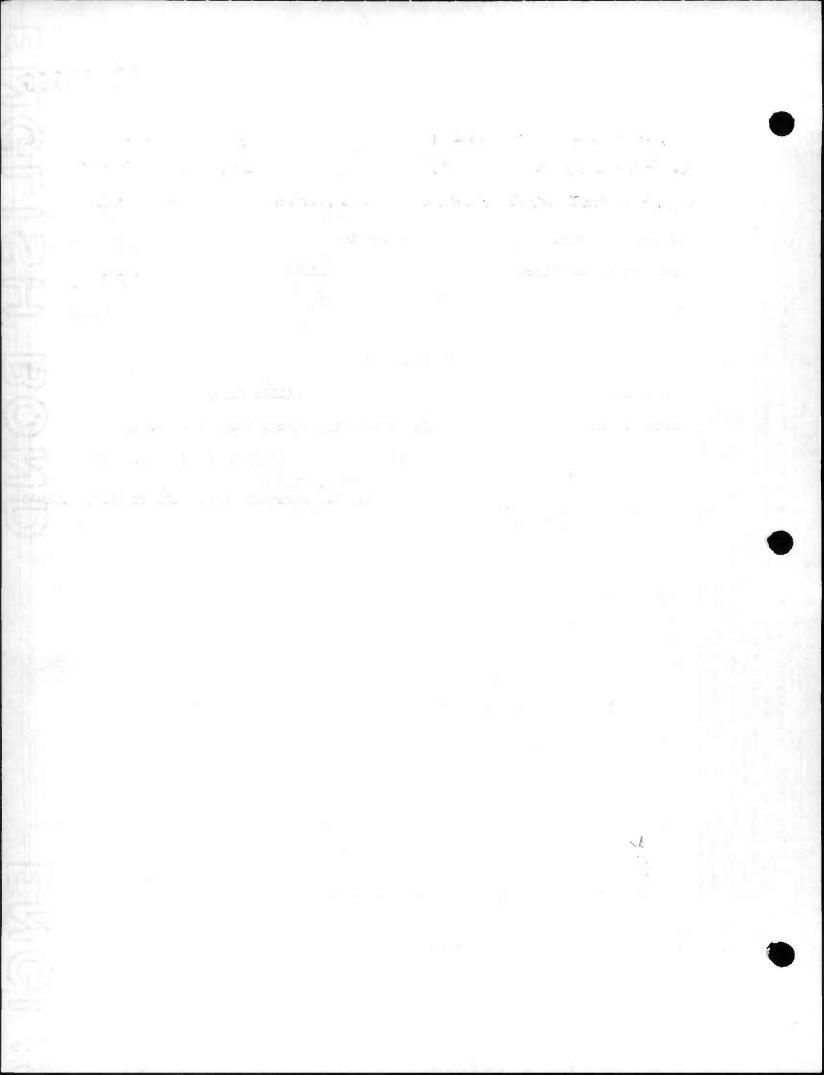
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IN OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death control of the completely filled in by the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 that the control of the control	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BQX 68760,	TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death companies to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending to completely the companies of	De lied within /2 boars after beant with the State Copy, or however any mental management, or convenue. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or over transfer event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-	REGISTRAR		CERTIFIC	AIE U	DEATH	RE	EG. NO.				
;	DANIEL G	L G.R	E A			2. DATE OF D	13	92.	ME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 268-01-3577 1 X M 2	F	87 YRS. "	F UNDER 1 YEAR ONTHS DAYS			196ar) 6-04	Country)	(State or Foreign		
201	90. FACILITY NAME (If not institution, give street and number 5715 SWEET WINL RESIDENCE OF DECEDENT	PL			UMBIA	EATH		OWAR	D		
מטוסשעות	100. STATE 100. COUNTY Maryland Howard		rown or Loc Lumb i.a	ATION	ON 10d. INSIDE CITY LIMITS? 1 YES 2						
LONEDAL	100. STREET AND NUMBER 5715 Sweet Wind Place						U.S.A.				
DI LONG	11. MARITAL STATUS 12. WAS OECI 1 Neuro Married 2 Married FORCES?	1 YES	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE —				14. RACE — Ar Black, White Specify:	nerican Indian.		
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		16s. OECEDENT'S US (Give kind of woo life. Do NOT use Time Kee	(Give kind of work done during most of working life. Do NOT use retired.)				BUSINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)		TAME NEC	her	16. MOTHER'S NA	ME (First, Middle	, Maiden Sumame)				
	Uriah Rea		Li11	ie Ulr	ey						
	190. INFORMANT'S NAME (Type/Print) David G. Rea				t end Number or Rural						
	20q_METHOD OF DISPOSITION 1 (A) Burlai 2 Cremation 3 Removal from Stat 4 Donation 5 Other (Specify)	200	o. PLACE AND DATE Cometary, crematory of Oakdale	F DISPOSITION	N (Name	DATE	Columbia, Md. 21045 DATE 20c. LOCATION — City or Town, Slate 7/92 Jefferson, Ohio				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ARRY H. WITZ KE FUNERAL HOME 4112 Old Columbia Pike, Ellicott City, Md. 210										
Maria India	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or later)	E TO (OR AS A	CONSEQUENCE OF:	vy	anny	<i>y</i> 000	Hadl		Syla		
TEOLOGIC STREET	PART II. Other significant conditions contribute	Doati	ut not resulting in		ing cause given in		. WAS AN AUTOPS PERFORMED? YES 2 NO	AMAIL COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\text{NO}\)		
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL			26. OTHER:	PLACE OF DEATH (C)	heck only one)					
DI PRISICIAN.	27. MANNER OF DEATH 1 Netural 5 Pending (Mo 2 Accident Investigation	TE OF INJURY nth, Day, Year)	28b. TIME INJU	OF 28c. RY 1	NJURY AT WORK? YES 2 NO	284. DESCRI	BE HOW INJURY O				
COMPLEIED	4 Homicide determined	ding, etc. (Spe	f — At home, farm, str city)	eur, ractory, o	1104		N (Street end Numb wn, State)	or numi Moulle i	vori ibar,		
- CIMIC	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bear one) 2 MEDICAL EXAMINER: On the bear								manner as stated.		
וס סב כו	29b. SIGNATURE AND TUTE OF CERTIFIER	pu	ren	10	29a LICENSBAN	709	29d. D	ATE BIGHED MAN	2 Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED 31. DATE FILED (Month, Day, Year) 32. REG ADD 1 6 1992	ISTRAR'S SIGN	ATURE	rnit)							



_	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH S	mith/ Jose	eph Elb	ert S	Smith	2. DATE OF DEATH	- 92 YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 421-74-1099	5. SEX 1 M 2 G F 8. AGE	In yrs. lest birthday) IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	52 F	BIRTHPLACE (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give Stella Maris	Hospice	98		TOWSON	EATH	%c. county Balt	OF DEATH
DIREC	10a. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCAT		timore		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO}\) NO
ERAL	1623 Park Ave	nue. 2nd F	loor	101	, ZIP CODE	1217		OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES	U.S. ARMED 2 NO	If yes, ap-	ENDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, atc. Specify: White
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	UCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATION done during mo	ON est of working	16b. KIND OF BU	JSINESS/INOUST	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	5+	Register	red Nu		A IDS	Resear	rch
BE C		encer Smith			Franc	es Lave	rne E	Bouler
5	Ottie Lee	Smith			Avenue	Route Number, City or Tow Baltim		
	20e. METHOD OF DISPOSITION 1 General 2 Comments 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF D setary, crametocy or other CTO CTET				CATION — CHY Baltin	or Town, State
	George E.	MacNabb		Crema 299 F	ation S rederi	ociety o ck Road	f Md.,	Inc.
	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Febril	e ille	ss c	/w pn	eumonia	3	Intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Seconda OUE TO (OR AS A C. DUE TO (OR AS A d.	to acqui			nating po		opathy
MEDICAL	PART ii. Other significent condition	ns contributing to death b	ut not resulting in t	he undariying	g causa given in	Part i. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Ch	eck only one)		
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inputiant 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Hom-	URY AT RK?	6 XOther (Specify) 28d. OESCRIBE HOW	HOSPIC	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	' '	ES 2 NO	261. LOCATION (Street City or Town, State		ural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of my knowl ER: On the beals of examination	edge, death occurred at	the time, data my opinion, de	and place, and due	to the cause(a) and ma	nner as stated.	use(a) and manner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE	alexan	devio		29c. LICENSE NUN D 2708		29d. DATE SIG	NEP (Month, Day, Year)
	30. NAME AND ACCRESS OF PERSON WHO	der, M.DSte	ella Maris		ce-Dulan	ey Valley	RdTo	wson 21204
	APR 16 1992	32 REGISTRAR'S SIGN	-Rendell					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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1	1. DECEDENT'S NAME (First, Middle, Last,	F. STARK	2	TE OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY	3. TIME	OF DEATH		
	4. SOCIAL SECURITY NUMBER 3/9-74-/07/ 90. FACILITY NAME (If not institution, give	10 M 2 Ch 8	YRS. MONTH	DER 1 YEAR FUNDER 24 HRS. B DAYS HOURS MIN. ITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year)	0. BIRTHPLACE (S	itate or Foreign		
DIRECTOR	TOSEPH RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	cy Hospi	CE B	n OR LOCATION	2/20/		BIDE CITY		
BY FUNERAL	Maryland 100. STREET AND NUMBER 420 Kenneth Square	200	<u>Ba</u>	ltimore 101. ZIP CODE		. CITIZEN OF WHAT CO	UNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	2121. 13. WAS DECENDENT OF HISP If yee, specify Cuban, Maxi 1 YES 2 X NO Specific Cuban, Maxi 1 YES 2 X NO	ANIC ORIGIN? (Specify Yes or No can, Puarto Rican, etc.)	Black, White, Specify:	ican Indian,		
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 12 Years	UCATION le completed) Collège (1-4 or 5+)	16a. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	ne during most of working d.)	166. KIND OF BUSINES				
BE	17. FATHER'S NAME (First, Middle, Last) Frank Michael Feustle 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
10	John T. Starr, 1			nchurch Rd.	Baltimore, N				
	1 Gurial 2 Cremation 3 Rei 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE Amas 7	noval from State come	tery, crematory or other pla	Cemetery 22. NAME AND ADDRESS OF I	4/13/92 Ba	ltimore, Mo e, Inc.			
	23. PART I. Enter the diseases, preshock, or haert failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	tha death. Do not en ch lina. CONSEQUENCE OF):	ter tha mode of dyling, su	ich as cardiac or reapiretor	y srreet, Ap	pproximeta tarvel Betweet and Da		
		b	CONSEQUENCE OF						
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C.							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	c	CONSEQUENCE OF):						
MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	c. DUE TO (OR AS A (CONSEQUENCE OF):	underlying cause givan i	n Part I. 24e. WAS AN AUTO PERFORMED: 1 YES 2 N	AVAILABI COMPLE OF DEAT	E PRIOR TO		
MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	c. DUE TO (OR AS A (t not resulting in the	28. PLACE OF OEATH (C	PERFORMED1 1 YES 2 N	AVAILABI COMPLE OF DEAT	LE PRIOR TO TION DF CAUSE H?		
BY PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A (d	t not resulting in the	28. PLACE OF OEATH (C ER: jursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFORMED? 1 YES 2 N Check only one) 6 Other (Specify) 26d. DESCRIBE HOW INJURY 28f. LOCATION (Street and No.	AMAILABI COMPLE OF DEAT 1 YE	LE PRIOR TO TION DF CAUS H? S 2 NO		
PHYSICIAN: MEDICAL CE	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined	d	t not resulting in the	28. PLACE OF OEATH (CER: [Ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	PERFORMED? 1 YES 2 N N Check only one) 6 Other (Specify) 26d. DESCRIBE HOW INJURY City or Town, Stete)	AMAILABI COMPLE OF DEAT 1 TYE	LE PRIOR TO TION DF CAUS H? S 2 NO		



31. DATE FILED (Month, Day, Year)
APR 1.6.1992

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit parms 1,23 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUN	be filed with	IMPORTAN

	1 - STATE OF MARYL REGISTRAR		ENT OF HEAL		NTAL HYGIENE REG. NO.	7 2	10005	
1	1.1111 211127	GOZZO STA	SSI		DATE OF DEATH DAY	92	3. TIME OF DEATH	
100	173-10-8089 1□M2XF		UNDER 1 YEAR IF U		MATE OF BIRTH (Mogth, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign try) Italy	
TOR	ST. JOSEPH HOSPI RESIDENCE OF DECEDENT	TAL "	4 JOWSON 96. CITY, TOWN OR LOCATION OF DEATH				sc. COUNTY OF DEATH Baltimore	
DIRECTOR	10a. STATE 10b. COUNTY Pennsylvania		www.orlocation akertown	10d. INSIDE CITY LIMITS? 1 YES 2 X WHO				
	10a. STREET AND NUMBER		10f. ZIP (10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	8 Barrel Run Road		1	USA				
B≼	11. MARITAL STATUS 1 Never Merried XX Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	-A-Mo	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES XX NO Specify: Specify:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work iffe. Do NOT use ret	CEDENT'S USUAL OCCUPATION We kind of work done during most of working Do NOT use retired.)					
ž I	8 17. FATHER'S NAME (First, Middle, Lest)	Seams	tress		othing			
	Salvatore Gozzo				First, Middle, Melden Sc ana Mazza			
B	19a. INFORMANT'S NAME (Type/Print)	196. MAILING ADD			Number, City or Town,			
임	Constance S. Henning							
	9e. METHOD OF DISPOSITION (X Burles 2 Cremetton 3 (X Hemovel from State Cemetery, cremetory or other place) 1 Densition 5 Other (Specify) 4/16 Faston, Pennsylvania							
	Dennis Stephen Xenakis	M00640	22. NAME AND AD	Mi	tchell-Wi	edefel	Home	
	23. PART I. Enter the diseases, or complications that caused		inter the mode of	dving, such es	Baltimore	tory arrest	and 21212	
	ahock, or heart feilure. List only one cause on e IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A	ech line.					Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	ALLIA CONSEQUENCE OF):	ky î	920221			yeurs	
CERTIFI		CONSEQUENCE OF):	NSBOUENCE OF:					
AL A	PART II. Other algnificant conditions contributing to death b	out not resulting in th	e underlying caus	se given in Part	t. 24s. WAS AN AL PERFORM		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
PHYSICIAN: MEDIC	Semle charca				1 TES 2) NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO	
ž							1,000	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	- Corr	26. PLACE O	F DEATH (Check o	nly one)			
IXSI	1 YES 2 NO 1 Compatient 2 ER/Outs	patient 3 DOA 4	Nursing Home 5					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26b. TIME OF INJURY	M 1 YES		I. DEŞCRIBE HOW INJ	URY OCCURED		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Special Could not be determined)	" — At home, term, street	, factory, office	261	. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know 2 MEDICAL EXAMINER: On the bests of sxamination	riedge, death occurred at n and/or investigation, in	the time, data and pi my opinion, death o	lace, and due to the	ne cause(s) and manne , data and place, and o	er as stated. due to the cause(a) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER W. S.G.		7	LICENSE NUMBER	33	DATE SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	15+	"Toryh	Hosp	ahl/T	inson	M	
	APR 1 6 1992	andall			7			



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ing physician. the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SMIAL UM ALLENDING PHYSICIAN: THE LAW FEQUIPES THAT THE DESIGN CERTIFICATE DE EXECUTED WITHIN 24 NOUIS ATTENDING PHYSICIANS: THE LAW PER FETAINED DY THE NOSPITAL OF ALTENDING	35	iin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1. DECEDENT'S NAME (First, Middle, Last	")			ICAIL O	F DEATH	REG.	200		. TIME OF DEATH
	Mary			Samp	son		04	12 :	1992	10:30 A
	4. SOCIAL SECURITY NUMBER 218-44-2013	5. SEX 1 M 2 X F	6. AGE (In yrs. Is	2 YRS.	MONTHS DAYS		7. DATE OF BIRTH	3		MARYLAI
R	99. FACILITY NAME (If not institution, give 125 N. Colvin St		AF +		100	more Cit			T.TTMOR	E CITY
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUN		C. 413	10c. CIT	Y, TOWN OR LOC		<u>y</u>			Od. INSIDE CITY
	MARYLAND BAI	TIMORE CI	ITY	BA	LTIMORI				1	LIMITS?
FUNERAL	125 N. COLVIN ST	REET APT.	4-E			21202		10g. Ci	U.S.	AT COUNTRY?
BY	11. MARITAL STATUS 1 Nover Married 2 Merried 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. A I YES 2 X WAR OR DATES	RMED NO	It yes,		ANIC ORIGIN? (Specify can, Puerto Rican, etc.) city:		14. RACE — Black, t Specify:	- American Indiar White, atc. BLACK
COMPLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)		(0	Give kind of the Do NOT us	USUAL OCCUPA work done during is se retired.) PLOYED	FION nost of working	16b. KIND OF	BUSINESS/II	NDUSTRY	-
E COM	17. FATHER'S NAME (First, Middle, Lest) JUSTICE STEVEN	NS .				18. MOTHER'S P	SAMPSON	den Surname))	
TO BI	190. INFORMANT'S NAME (Type/Print) KELVIN SAMPSON		19	96. MAILING 1635	ADDRESS (Stree	end Number or Rura	of Route Number, City or CET BALTO	Town, State, 2	Zip Code) 2121	3
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE cemetery, cr	AND DATE	OF DISPOSITION (Name of ZTON CI	EM. 4-17-92	LOCATION -	- City or Town	n, State
	· (aloin L.	Villian	So			AND ADORESS OF I	LLIAMS FU		AND AV	
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition	. List only one car	use on each lin	0.	not anter the n	node of dying, su	ich aa cerdiac or re	apiratory a	erreat,	Approximatinterval Bell Onset and
	ahock, or heart failure	a. HXPER	use on each lin	. MO	equipolation of the management	node of dying, su	ch as cerdiac or re	apiratory a	erreat,	Approximat
ICATION	shock, or heart failure iMMEDIATE CAUSE (Fine) disease or condition reautting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. HYPER DUE TO	TENSIVE O (OR AS A CONSE	EQUENCE OF	BRIOSC	node of dying, su	ch as cerdiac or re	apiratory a	erreat,	Approxima interval Be
ERTIFICATION	anock, or heart failure iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. HYPER DUE TO	TENS (VE) O (OR AS A CONSE	EQUENCE OF	BRIOSC	node of dying, su	ch as cerdiac or re	apiratory a	erreat,	Approximatinterval Be
MEDICAL C	immediate cause (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. HYPERC DUE TO C. DUE TO d. DUE TO d.	OOR AS A CONSE	EOUENCE OF	PLOSC P:	ode of dying, su	n Part I. 24a. WAS	apiratory a	Y 24b. W	Approximat
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) PART II. Other algoriticant conditions in the cause. Examiners are conditions in the cause. Examiners are conditions in the cause of the cau	a. HYPEK DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	O (OR AS A CONSE	EQUENCE OF	PROSC F):	ng ceuse given i	n Part I. 24a. WAS PER 1 YES	SCULUS SEAS	Y 24b. W	Approxima interval Be Onset and Onset and ERE AUTOPSY FIN MILLABLE PRIOR TO MOMPLETION OF CU F OEATH?
PHYSICIAN: MEDICAL CERTIFICATION	Associated and the second and the se	a. HAPPITAL: DUE TO	OCR AS A CONSE	COUENCE OF TORUKING	PROSC F): In the underlying the surface of the sur	ng ceuse given i	n Part I. 24a. WAS PER 1 YES	AN AUTOPS: 2 NO	24b. W AA CC O 1	Approximatinterval Bet Onset and Ons
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algoriticant conditions and the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algoriticant conditions are caused in the cause of the	a. HOSPITAL: 1 Inpatient 2 28e. PLACE C	OCR AS A CONSE	EQUENCE OF TRANSPORTER OF THE PROPERTY OF THE	PROSCOPIES The underlying the under	ng ceuae given i	n Part I. 24a. WAS PER 1 YES	AN AUTOPS: FORMED? 2 NO	Y 24b. W AN AN AN AN AN AN AN AN AN AN AN AN AN	Approxima interval Be Onset and Onse
D BY PHYSICIAN: MEDICAL CERTIFICATION	ANOCK, or heart failure IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only	a. HAPEK DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE OF building.	OR AS A CONSE OR AS	EQUENCE OF COURNES OF	P: P: P: P: STHER: 4 Nursing No E OF 28c. URY 1 Street, factory, off	ng ceuse given is PLACE OF OEATN (Come 9 Residence NUMBY AT VES 2 NO Ice	n Part I. 24a. WAS PER 1 YES INS PL 26d. DESCRIBE NO 28f. LOCATION (Similar Part I) 28f. LOCA	AN AUTOPS: FORMED? 2 NO 2 TON W INJURY O	Y 24b. W AN AN AN AN AN AN AN AN AN AN AN AN AN	Approxima interval Be Onset and Onse



30. NAME AND ADDRESS OF PERSON WHEN THE GOLLEN

OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

R M 111 Penn (

32. REGISTRAN'S SIGNATURE

LINA GENERAL STREET

072 / 570 . . .

OHMH-16 Rev 1/89

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FOR STATE REGISTRAR

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ò,	unithin
1314	Properties.
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AL	The last
5	CARRE.
2	PALAM
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	an expression parameters. The last sea does the death conflicts he accepted within where offer
	5

	, Middle, Last)								2. DATE OF I	DEATH	YEAR	3. TIME OF DEATN	
		7	7										
					IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF E	91RTN V. (bar) 18 190	7 8. BIR	TNPLACE (State or Foreign ntry) MARYLAND	
			0.5	13.00	96. CITY,	TOWN (OR LOCATIO	ON OF DE	1				
											BAL	TIMORE	
		γ		10c. CITY	. TOWN O	R LOCA	TION					10d, INSIDE CITY	
			SE.					N				LIMITS?	
		112 - 1110 -		1		-			100	10g.	CITIZEN OF	WHAT COUNTRY?	
800 SOUTH	ERLY	ROAD			11		2	2120)4		U	.S.A.	
Never Married 2		FORCES?	1 YES 2	IMED NO		yes, be	pecify Cubs	in, Mexica	in, Puerto Ricai		Bi	CE — American Indian, ack, White, etc. ecity: WHITE	
15. DEC	EDENT'S EDU	ICATION completed)						na	16b, KIN	D OF BUSINESS	S/INDUSTRY		
Elementary/Secondary (College (1-4 or 5		. Do NOT us	e retired.)		OUT OF WORLD		O.T.	DV OF	DATM	TWODE	
	Riddle Leet)	0		TE	ACH	CK	I sa MOT	NED'S NA				IMURE	
											110)		
			19	b. MAILING	ADDRESS	(Street					e, Zip Code)		
RICHARD A	.SMIT	'H	1	1458	OR	CHA	RD I	LN.	RESTO	, VIRG	INIA	22090	
I 🗆 Burial 2 🗓 Crematic	on 3 🗆 Rem	noval from State	other p	lace)					/==				
		CENSEE	- GRE	EN M'	T CI	REM	ATOR	y 4	/15	BALT.	I MOR	E,MD.21202	
Nalle	ann (R. Pave	2711		H	ENR	Y W.	. JI	ENKINS				
disease or condition resulting in death)	+	b	/	, ie	sult	5	em	PS	Dlo ys to	rk Le			
cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events	ing ury	C	polle	ha si	len	ile	in St	wh	islas	د			
PART II. Other signific	ant conditio	na contributing t	o death but not	resulting	in the/ur	derlylr	ng ceuse	given in	Part I, 24			24b. WERE AUTOPSY FINDING:	
									_ 1			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25 WAS CASE DEFERRED	TO MEDICAL	1				26.6	DI ACE DE I	DEATH #2	heat anti-anel				
EXAMINER?	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	N DOA		R:				neofful			
27. MANNER OF BEATN 1 Natural 5		28a. DATE (OF INJURY -	28b. TIM	E OF	28c. IN	JURY AT		_	-	Y OCCURED		
a 🗆 a 1:11:	THE INC.	28a. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, farm,	street, fac	lory, offi	Ice				umber or Rui	ral Route Number,	
(Check only												se(s) and manner as stated.	
296. SIGNATURE AND TITL	E OF CENTURA	ER		1			290/40	ENSE NU	MBER	290	. DATE SIGN	HED (Month, Day, Hear)	
- /	1	1 4	1.0	6 0			1 /1	7 6	17/	a	1 1	1	
30. NAME AND ADDRESS O	110	UN	11	-yn	um	d	LU		1 / 6		4	116/95	
	214-40-5 Ba. FACILITY NAME (III not in ST. JOSEP) RESIDENCE OF DEC. 10e. STATE MARYLAND 10e. STREET AND NUMBER 800 SOUTH: 11. MARITAL STATUS 12. Never Merried 2 Diversity 13. DEC. (Specify onl. 14. Elementary/Secondary (I. 12. 17. FATHER'S NAME (First, IV. HENRY DE. 19a. INFORMANT'S NAME (III. 11. Burlal 2 Cremettle 12. SIGNATURE OF DISPOSITION OF	ST. JOSEPH HOS RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT MARYLAND 10e. STREET AND NUMBER 8 0 0 SOUTHERLY 11. MARITAL STATUS 12. Never Married 2 Merried 15. DECEDENT'S EDL. (Specify only highest grade Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) HENRY DEUSSEN 19e. INFORMANT'S NAME (Type/Print) RICHARD A. SMIT 20e. METHOQ OF DISPOSITION 1 Burlal 2 Cremetion 3 Ran 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI 22. PART I. Enter tha diseases, or shock, or heart failura. IMMEDIATE CAUSE (Finel disease or condition resulting in death) 23. PART II. Other significant condition 1 William of the condition resulting in death) 24. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF BEATN 1 CERTIFIER CERTIFYING PNY: Original Condition of the determined 29e. CERTIFIER CERTIFYING PNY: Original CERTIFYING PNY	SOCIAL SECURITY NUMBER S. SEX 1	A AGE (In yrs. less 214-40-5393 1	214-40-5393 1 M 27 F 85 YRS. 22. PACLITY NAME (II not Institution, give street and number) ST.JOSEPH HOSPITAL RESIDENCE OF DECEDENT Ge. STATE 10b. COUNTY MARYLAND BALTIMORE 10c. CITY MARYLAND BALTIMORE 10c. STREET AND NUMBER 800 SOUTHERLY ROAD 11. MARITAL STATUS 1 Never Married 2 Merried 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16c. DECEDENT'S EDUCATION (Specify only highest grade completed) 16c. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of view only only only only only only only only	SOCIAL SECURITY NUMBER S. SEX 214-40-5393 F. MORTH S. SEX 214-40-5393 F. MORTH S. SEX	1. SOCIAL SECURITY NUMBER 214-40-5393 1	L. SOCIAL SECURITY MUMBER 2.1.4.4.0.53.93 1.	L. SOCIAL SECURITY NUMBER 21440-5393 1	L SCORIAL SECURITY NUMBER 2 14 40 - 5393 1 m s 20 p 2 14 - 40 - 5393 1 m s 20 p 8 5 yrs. 8 5 yrs. 8 5 yrs. 8 5 yrs. 8 5 yrs. 8 6 CTT, TOWN OR LOCATION OF DEATH TOWSON TOWSON TOWSON 100. STREET 100. COUNTY MARYLAND BALTIMORE 100. SUTHERS Married 100 per College	L. SOCIAL SCURITY NUMBER 214-40-5393 L. M. YELP P. 85 VYRS. 85 VYRS. 85 VYRS. 85 VYRS. 85 VYRS. 85 VYRS. 85 VYRS. 85 VYRS. 85 VYRS. 85 CITY, TOWN OR LOCATION OF DEATH TOWSON NOTE TO DOES NOT TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION TOWSON NOTE TOWN OR LOCATION OR LOCATION OR LOCATION OF DEATH TOWSON NOTE TOWN OR LOCATION OR	LECOLAL SCURTTY NUMBER 214-40-5393 1	

STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	Page	
BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages oval.	al examiner must he notified of once
BAL	the fune the fune oval.	al avan

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMEN	T OF HEALTH AND MENTAL	. HYGIENI
CERTIFICAT	E OF DEATH	DEC NO

	1 - STATE REGISTRAR	OTHE OF I	CE	ERTIF	ICATE OF	DEAT	TH I		EG. NO.	E			
	1. DECEOENT'S NAME (First, Middle, Last)							2 DATE OF D	EATH	_		3. TIME OF DEATH	
	George D. Schofie	eld.						04-14-	199	3	YEAR	W.	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B		-	n. BIRTH	PLACE (State or Foreign	
	216-05-8595	M 2 F	77	YRS.	MONTHS DAYS	HOURS	MIN.	11-17-			Mary	land	
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TOWN	OR LOCATE	ON OF DE		171		-		
R	800 Leswood Court				Baltim		011 01 00	24111		Baltimore County			
25	RESIDENCE OF DECEDENT				Darchi	DIE	_			Dari	THIDI	e County	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY		
	Maryland Baltin	more Cou	nty	Ba	altimore							LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER				10	f. ZIP CODE				t0g. CIT	IZEN OF W	HAT COUNTRY?	
EH	800 Leswood Court					21222	2			U.S	5.A.		
FUNERAL		12. WAS DECEDENT			13. WAS DE	CENOENT O	F HISPAN	HC ORIGIN? (Sp	ecity Yes	or No-	t4. RACE	- American Indian.	
BY F	1 Never Married 2 Married 3 M Widowed 4 Divorced	IF YES, GIVE W	YES 2XN	10	If yes, s	ecify Cuba 2 12 NO	n, Maxica Specify	n, Puarto Rican,	etc.)		Black Spec/i	, White, etc.	
						20	,,,,,,,				Whit		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION empleted)	(Gi	ive kind of	USUAL OCCUPAT	ON ost of workin	o	16b. KINC	OF BUS	INESS/INC	DUSTRY		
4		College (1-4 or 5+	·)	Do NOT u	se retired.)		-						
M	4		Cor	istru	ction W	orker		Lang	enfe	lder	Con	struction	
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle,		Sumame)			
8	Robert Schofield							ia Bald					
5	19a. INFORMANT'S NAME (Type/Print)				ADORESS (Street								
	Joan E. Kahl		36	509 E	8 & O Ro	ad, A	bing	gdon, M	aryl	and	2100	9	
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remove	el from State	20b. PLACE A	ND DATE	OF DISPOSITION (N	ame of					City or Ton		
	4 Donation 5 Other (Specify)		HOLLY	Hil	I Cemet				Balt	imor	ce, M	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE!	ISEE			22. NAME A								
	Kattley	h. Ma	rolu		6415	Relai	r Bo	ad Ba	1+in	nro	Mar	yland 21206	
	23. PART i. Entar the diseases, or con	mplications that	dausad the de	ath. Do r	not antar the me	da of dvi	na. suct	n se cardiac o	or reapir	atory sr	reat	Approximata	
	shock, or heart failure. List	at only one caus	se on each line.									intarvai Between	
	disease or condition	5016	St. 5	2)							Onset and Death	
	resulting in death) a.	DUE TO	OR AS A CONSEC		rysina	- 1							
_			V									i l	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	OUE TO	(OR AS A CONSEQ	UENCE O	F):								
3	Cause. Enter UNDERLYING CAUSE (Disease or Injury											1.	
트	that initiated events	OUE TO (OR AS A CONSEO	UENCE O	F):								
E	resulting in death) LAST												
<u></u>	PART II. Other significant conditions	contributing to	double had not a										
DICAL				Baulting	in the underlyin	g cause g	Ivan in I		WAS AN A PERFORM			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	on with near of	The Las	7					_ 10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
Σ			1									1 _ YES 2 _ NO	
PHYSICIAN: ME													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			28. P	ACE OF O	ATH (Che	ck only one)					
YS.	1 YES 2 NO	☐ Inpatient 2 ☐	ER/Outpatient 3	□ 00A	4 Nursing Hon	6 5 Res	eldence (6 Other (Spec	city)				
표	27. MANNER OF DEATH	26a. DATE OF I (Month, Da		28b. TIM		URY AT		28d. DESCRIBE	HOW IN	JURY OCC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation	1,1-2	7/2			YES 2	NO						
	3 Suicide 6 Could not be	28e. PLACE OF building, a	FINJURY — At horate, (Specify)	ne, ferm, a	street, factory, offic	•		281. LOCATION City or Town	(Street an	d Number	or Rural Ad	oute Number,	
COMPLETED	4 Homicide determined							ony or low	ii, Gialoy				
2	29a. CERTIFIER (Check only	N: To the best of a	my knowledge, des	ith occum	ed at the time, date	end place.	and due t	to the cause(a)	and mann	or an stat	ed.		
8	one) 2 MEGICAL EXAMINER:	On the basis of axi	amination and/or in	rveatigatio	n, in my opinion, o	eath occur	ed at the t	time, date and p	lace, end	due to th	e cause(a)	and manner sa stated.	
	296. SIGNATURE AND PITTLE OF CERTIFIER	ah	×	_		29c, LICE							
#	Chel Z	14.	_			710	/CC	9		AND AND	SIGNED	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUS	E OF OEATH (ITEM	27) (Tvz)e	Print)	111	70			- 7	1/3/	70	
	Dr. Charles B. Hatt					411	T	MCOn 1	Maw.	l and	212	04	
	31. DATE FILED (Month, Day, Year)	32. RECETBAR	R'S SIGNATURE	V	c, bulk	- 4TT	, 10	WSOII, I	лату	тапи	212	04	
	APR 16 1992	Julie	R'S SIGNATURE	No.								ł	

John Seiden Mary

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Pages 2, 3 should

	1 - STATE REGISTRAR	STATE OF I		D / DEPAR CERTIF					MEN'	TAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle								2. D/	TE OF DEATH			3. TIME OF DEATH	
	DeWitt T. Sper	ncer, Jr.							04	13-199	2	YEAR	9:30 P. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	rs. last birthday)	IF UNDER		IF UNDER		7. DA	TE OF BIRTH		6. BIRT	HPLACE (State or Foreign	
	218-01-1503	1½ M 2 □ F	76	YRS.	MONTHS	DAYS	HOURA	MIN.	10	-05-191	5	Sou	th Carolina	
	9a. FACILITY NAME (If not institution										9c. COL	JNTY OF	DEATH	
6	St. Joseph's H				Tow	son					Bal	timo	re County	
EG	RESIDENCE OF DECEDE	COUNTY		10c CIT	Y, TOWN O	OR LOCAT	TION							
H	Maryland Ba	altimore Cou	intv		timo		ION						10d. INSIDE CITY LIMITS?	
7	10e. STREET AND NUMBER	1101010 000	arcj		. CHAIL	-	. ZIP COD	E			10- 017	FIZEN OF	1 YES 2 NO	
ER/	1801 Wentworth	ı Road					21234					S.A.	WHAT COUNTRY?	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEOEN	IT EVER IN U.S	S. ARMED	13.				NIC OBI	GIN? (Specify Yea			E — American Indian,	
ВУ	1 Never Married 2 Marrie 3 Widowed 4 Olvorced		YES 2	NO		If yes, sp	ecify Cubs 2 X NO	n, Mexica	n, Puer	to Rican, etc.)	Or 140-	Blac Whii	k, White, etc.	
ED	15. DECEDENT	r'S EDUCATION st grade completed)	184	OECEDENT'S	USUAL O	CCUPATIO	ON		7 2	16b. KIND OF BUS	SINESS/IN			
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of a life. Do NOT us	work done is retired.)	during mo	st of working	ng						
MP		2 Years	E	Expedit	or				1	Bethlehe	em St	teel		
COMPLETED	17. FATHER'S NAME (First, Middle, L						1S. MOTI	HER'S NA	ME (Firs	st, Middle, Meiden	Surname)			
BE	DeWitt T. Sper									Lang				
0	19s. INFORMANT'S NAME (Type/Prin									imber, City or Town				
	E. Marie Spend	ær		1324 Т	'erry	Way	, Fa	ullst	ton,	Maryla	and 2	2104	7	
	20s. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3	☐ Removal from State	20b. PLA	ACE AND DATE (DF DISPOS	ITION (Na	me of		1				own, State	
	4 Donation 5 Other (Specification Specification	Dul	Laney V						16 Time	imonium, Maryland				
	21. SIGNATURE OF FUNERAL SERI	TICE LICENSEE	,				o addres			[na				
	23. PART I. Enter the disease	- M. Mury	sky)		164	15 F	Relai	rR	had.	Raltin	more.	Mar	cyland 21206	
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cor	d	(OR AS A COM	NSEQUENCE OF		dariying	d cause d	jven in	Part I.	24a. WRIS AN PERFORI		246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDI	CAL T												
SICI	EXAMINENT NO	HOSPITAL:	EfVOutpetien	1 T no. 1	отния	t:	ACE OF DE					+	ID TA	
H	27. MANNER OF DEADE	28a, DATE/OF	RIJURT	28th Tiles		28c. INJL		aldence	_	ESCRIBE HOW IN			to himself	
	1 Natural S Pendin		mi Year!	INJ	MANA	WOR	RKY ES 2	NO.	200. 0	ESCRIBE NOW IN	IJOHY OC	CONED	,	
D BY	2 Accident Investig 3 Suicide 6 Could I	26e. PLACE OF	F INJURY — A	t home, ferm, a	freet, fecto				26f, LC	CATION (Street a	nd Number	or Bural F	Route Number	
COMPLETED	4 Homicide determi		atc. (Specify)						Ci	ty or Town, State)			,	
7	29s. CERTIFIER CERTIFYING	PHYSICIAN: To the best of	my knowledne	death occurre	d at the si	me dete	and place	and due	An Abn a			-		
M		(AMINER: On the basis of ex) and manner as stated	
	29b. SIGNATURE AND TITLE OF CE	RTIFIER	-	11										
8		Mornin	un				29c. LICE	TLI	/ //	,	29d. DAT	E SIGNIO	(Month, Day, Year)	
٩	30-MAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUS	E OF OEATH	(ITEM 27) (Type	Print)		11	ST	1 7			-//	7/72	
	Dr. Vuong Vu N	Wen, 6331	Belair	r Road	Bal	tim	ore.	Mar	vla	nd 2120	6	,	1.400	
	31. DATE FILED (Month, Day, Year)	-32. REGISTRA	R'S SIGNATUR	IE.			/		<i>z</i> = \(\tau_{\text{.}}					
	APR 1	6 1992	Sie Berg	don Par	delle									

DHMH-16 Rev 1/89

and the state of t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	HEGIOTAAN				/LITTI	CATI	_ 01	DEA	111		HEG. NO.					
	1. DECEDENT'S NAME (First,									2. DATE (OF DEATH	AV	YEAR 3.	TIME OF DEATH		
	Andrew		T -		SKU	PFK				Apri	11 1	5 1	992	10:36 A	4	
	4. SOCIAL SECURITY NUMBER	-	5. SEX	8. AGE (In yrs. I	.,,	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE C	OF BIRTH		Country)	ACE (State or Foreign		
	193 09 627		201 M 2 F	74	YRS.			noons	Wire.	May 5	5, 191	7	Penna			
_	9a. FACILITY NAME (If not ins		9b. CITY		OR LOCATI		EATH		9c. COUNT	Y OF DEAT	н					
O	Franklin So		Hospital				Ro	ssvi	lle			BAL.	TIMOR	F		
5	RESIDENCE OF DEC	10b. COUNTY	v		T soc CII	TOWN (OR LOCAT							d. INSIDE CITY		
DIRECTOR	Md.						y, town or location Essex							LIMITS?		
FUNERAL	1904 Old Eastern Avenue						101. ZIP CODE 21.221					10g. CITIZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN 11.5 ABMED FORCES? 1 YES ABMED FORCES.						WAS DEC	ENDENT Colly Cub	OF NISPA In, Mexico Specia	NIC ORIGIN? an, Puerto Ri fy:	? (Specify Yes licen, atc.)	or No 1	4. RACE — Black, W Specific	American Indian, hita, etc.		
		EDENT'S EDUC	CATION	180 (DECEDENT'S	I I I		201		405				100	_	
COMPLETED	(Specify only	higheat grade	completed)		(Give kind of a life. Do NOT us	work done	during mo	on st of working	ng	16b.	KIND OF BU	SINESS/INDU:	STRY			
PLE	Elementary/Secondary (0-	12)	College (1-4 or 5 or 5 or 5 or 5 or 5 or 5 or 5 or	•)	oofer						Ro	ofing	Ca			
N	17. FATHER'S NAME (First, Mic	ridio (ast)		5-10-1				1 se MOTI	renie M	100F (Flore 14	liddle, Maiden		00.		_	
	The ferritary of the same process	7						10. mo	HEN O NA	? ?	Iddie, Malden	Surname)				
B	19a. INFORMANT'S NAME (TH	me/Print)		1.	10h MAILING	ADDRES	e /Crearl s	and Blumbar	~ Powel	Pourte Mumbu	City or Buy	n, State, Zip C	- 4-1		_	
2	Mildred Skup		Wife									e. Md.				
	29 METHOD OF DISPOSITIO	ON		20h PLAC	EANDDATE				AVE	DATE		CATION - CH			_	
	1 Donation 5 Other	n 3 🗆 Remo (Specify)	111	Oak	Tawn	Cerit	eter	У		4/17				ounty, Md		
	21, BITCHATURE OF FUNDMAL	SERVICE UE	Essets Contraction of the Contra	all.		B1	NAME AI	D ADDRES	ss of fa	unera	1 Hom	e PA				
1	Resarg	1/-	17/	7		14	107	East	rn	Ave.	Balti	more.	Md.	21221		
1	23. PART I. Enter the dis	seases, or c	complications the	it caused the c	deeth. Do r	not enter	the mo	de of dy	ing, suc	ch aa cardi	ac or reapi	iratory arres	it,	Approximata	_	
/	IMMEDIATE CAUSE (Fine		//	100 011 02011	10.									Onset and Death		
	disease or condition resulting in death)	+ 4	Myocard													
				(OR AS A CONS		F):										
N	Sequentially list condition	-	Arterio	sclerot	ic Ca	rdio	vasc	ular	Dis	sease				1		
¥	If any, leading to immed	liate	DUE TO	(OR AS A CONS	EOUENCE O	F):										
CERTIFICATION	CAUSE (Disease or Injur		c	(OR AS A CONS	TOURNOE O	OF:										
Ë I	that initiated events resulting in death) LAST	r	DVE 10	(On AS A CONS	EUUENCE O	F):										
SER			d												_	
1	PART II. Other algnifican							ceuse (given in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS		
EDICAL	Chroni	c Obs	tructive	Pulmon	ary D	isea	se_				PERFOR		CO	MPLETION OF CAUSE		
	Anemia	i								_				DEATH? YES 2 NO		
≥ :	Peptic	Illce	r Disease	۵						_] 100 2 [
PHYSICIAN:	25. WAS CASE REFERRED TO						26. PL	ACE OF D	EATN (Ch	heck only one,)				-	
Sic	EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER	R:			6 Other						
Ť	27. MANNER OF DEATN		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		_	-	NJURY OCCU	RED		-	
ВУР		Pending restigation	(Month, D	lay, 1647)	ING	JURY		RK? res 2 [NO	1,000						
	a Calata	Could not be	28a. PLACE O	F INJURY - AI I	homa, farm,	street, lact	lory, offic			28f. LOCA	TION (Street i	and Number or	Rural Route	Number,	-	
1		letermined	ounding,	etc. (Specify)						City or	r Yown, State)					
COMPLETED	29a. CERTIFIER	FYING PHYSIC	CIAN: To the best of	mv knowledge, o	death occurr	and at the t	Ime, date	and place.	and due	to the caus	ofal and mar					
×			R: On the basis of a											d manner as stated.		
	29b. SIGNATURE AND TITLE						1	29c. LICE							_	
8	MA		. 1					29C. LIUS	NSE NO	MBEH		29d. DATE :	SIGNED (MO	Onth, Day, Year)		
유	30. NAME AND ADDRESS OF	PERSON WNO	O COMPLETED CAU	SE OF DEATH (IT	FM 27) (Type	Printl			-			7	112	17	_	
	1 has	1 14	0	N 0			4.6	`	0-	11.	nach	-1	'			
1	31. DATE FILED (Month, Day, Y	bar)	P 32. REGISTER	R'S SHANATURE	00	KAY	AKA.	Cia .	70	- 110	Abet	41	_		-	
- 1	APR 1 6 199	32 9	fre barras	ar-harken												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	DEATH	MEHINE	REG. NO		2	106
	1. DECEDENT'S NAME (First, Middle, Last)	_		-			2. DATE O	0.	AY	YEAR	TIME OF DEA
	Robert 4. SOCIAL SECURITY NUMBER	В.	British and the		OCKEY		Apr		3 19		10:
	234 42 9759	5. SEX (3030)4 2 - F	6. AGE (In yrs. lest	YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF	DIPLY (SAT)	1929	Country) West	CE (Stote or F
DIRECTOR	96. FACILITY NAME (II not institution, give Franklin Square RESIDENCE OF DECEDENT		1			OR LOCATION OF E	DEATH		200000	TIMOR	
Dinec	10e. STATE 10b. COUNT	Baltimore			y, town on Loc Middle						d. INSIDE CIT LIMITS?
LONEHAL	10. STREET AND NUMBER 12 Left Ai	leron St.			,	OF. ZIP CODE	220		10g. CITIZ	EN OF WHA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	NT EVER IN U.S. ARI ME YES 2 N MAR OR DATES	MED 10	11 yes, 1	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Spec	an, Puerto Ric	(Specify Yes	s or No—	Black, W Specify:	American Inchite, atc.
3	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DE0		USUAL OCCUPAT		16b. F	(IND OF BU	SINESS/INDU		1200
MPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5	+) Ilfe.	Do NOT us	Wright	CONTRACTOR OF THE PARTY OF THE		Ge	eneral	Moto	ors Co
DE COMP	17. FATHER'S NAME (First, Middle, Last) Seymour Shoe	ckey				16. MOTHER'S N			Sumame)		
0	190. INFORMANT'S NAME (Type/Print)	T.T. O				t and Number or Rura					
- 1	Diane G. Shockey	Wife				eron St.					
	ees METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Res	moval from State	20b.PLACEA	HIP DATE	of Disposition	_{Name ol} al Gardei	DATE		CATION — C		
	21. SIGNATURE OF FUNERSK SERVICE L	CIMIEN				AND ADDRESS OF F		112	111001	e ret	er, r
	1. Luch	2-00	6/					al Ha	me DA		
_	23 PART I. Enter the discesses, or	11	1		140	zdzinski 7 Eastern	Ave.	Balt	imore	. Md.	2122
Z	shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Metast		rcino	F):	right lum se	ng.		_		Interval Onset s
CERTIFICATION	Sequentielty list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	_ Deep \	Vein Thre	ombo:	sis of	right le	eg				
DICAL C	PART II. Other significent condition	one contributing to	death but not n	esulting	In the underly	ng cause given l	Part I.	24e. WAS AN PERFOI		AM	ERE AUTOPSY AILABLE PRIC
ME								1 TYES 2	2 🗌 NO	OF	MPLETION OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH (C	heck only one)				
IXS	1 TYES 2 X NO		ER/Outpatient 3		4 - Nursing Ho	ome 5 🗌 Reeldence	1				
ВУ РН	27. MANNER OF DEATN 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b, TIM	IURY Y	NJURY AT YORK? YES 2 NO	28d. DEŞC	RIBE NOW I	INJURY OCCI	URED	
9	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE O building,	OF INJURY — At hor, atc. (Specify)	me, term, :	street, factory, of	Nce		ION (Street Town, Stele)	and Number o	or Rural Rout	e Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS	SICIAN: To the best of IER: On the beels of e									nd manner e
TO BE CO	296. SICHATURE AND TITLE OF CERTIFIE	C/m	, M.J	P .		29c. LICENSE NO					ongs, Day, You
É	30. NAME AND ADDRESS OF PERSON W Jahangir Khan	MD	404 Fas	tern	Blvd.	Balto, N	1D 212	21		/	
	31. DATE FILED (Month, Day, Year) APR 1 6 199	32. REGISTRA	AB'S SIGNATURE	inde	•						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	raminan
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per the filled within 72 hours after death with the State Dent, of Health and Mental Hydiene poler to burial committee or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
STATE SHOWS	1. DECEDENT'S HAME (First, Middle, Lost Avant	LLOTO	TUTTER.	urner		2. DATE OF DEATH		3. TIME OF DEATH 4:35am	
	4. SOCIAL SECURITY HUMBER 246-24-3512	1√(X) M 2 □ F	64 YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-3-27		BIRTHPLACE (State or Foreign Country)	
OR	90. FACILITY HAME (If not institution, give Maryland Gene			вы сіту, тожн об Balti	more Ci		Sc. COUNTY	OF DEATN	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		TOWN OR LOCATE	ON			10d. INSIDE CITY LIMITS?	
1.0	MD 100. STREET AND NUMBER			TIMORE 101.	ZIP CODE			1 YES 2 HO	
FUNERAL	600 WHITELOCK S	TREET APT. FF		13. WAS DECE	21217	NIC ORIGIN? (Specify Yes		RACE — American Indian.	
BY	Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	TES	If yes, spe	cify Cuban, Maxica 2 NO Specif	an, Puerto Rican, etc.)		Black, White, etc. Specify: BL ACK	
COMPLETED	15. DECEDENT'S ED (Specify only highest grace (Specify onl	UCATION to completed) College (1-4 or 5+)						HOUSE INC.	
BE COM	17. FATNER'S NAME (FIRST, MIDDIN, Last) HILLARD TURNER					ME (First, Middle, Maiden WEAVER	Surname)		
10 E	190. INFORMANT'S NAME (Type/Print) FLORETHA PHAIR					Acute Number, City or Tow 610/BALTIN			
	20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Rail 4 Donation 5 Other (Specify)	PLACE AND DATE OF	IDATE OF DISPOSITION (Name of MEMORITAL PARK RANDALLSTOWN, MEMORITAL PARK						
	21. SIGNATURE OF FUNEROLE SERVICE L	tek.9	moo		ARCH F.	d./1101 E.	NORTH	AVENUE	
	The state of the s	complications that caused List only one ceuse on se	the deeth. Do no	et enter the mod	le of dying, auc	h sa cardiac or respi	ratory arrest	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Carcinoma of the lung								
N	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Due To (OR AS A CONSEQUENCE OF):								
ICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease printry Course)								
CERTIFICATION	that initiated eventa resulting in death) LAST	d.	CONSEQUENCE OF):						
AL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO								
MEDIC						1 [] YES 2	ĕ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ICE OF DEATH (Ch	eck only one)			
HYSI	1 TYES 2 HO 27. MANNER OF DEATN	HOSPITAL: OTHER: 4 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NO						ED.	
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 N					28d. DESCRIBE NOW INJURY OCCURED NO			
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED		SICIAN: To the best of my knowle						use(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Phan			29c. LICENSE NUI 11/a		29d. DATE SI	GNED (Month, Day, Year) 4/13/92	
2	30. NAME AND ADDRESS OF BERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	aryland	General	hsopital			
	31. DATE FILED (Month Day, Year)	32. REGISTRAD'S SIGNA		Asta.					
	APR 16	1992	and the same	1					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE LINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			OEIII III	ICALE	DEATH	HEG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH DAY	3. TIME OF DEATH		
	WILLIAM H.	THORN				4	13	92 21:08		
	4. SOCIAL SECURITY NUMBER 242 40 7958	242 40 7958 12 M 2 □ F 64 YRS. MO				7. DATE OF BIRT (Month, Day, W 1-29-	28	8. BIRTHPLACE (State or Foreign Country) N.C.		
~	9e. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOW	OR LOCATION OF	DEATH	9c. COUNT	TY OF DEATH		
СТОР	UNION MEMORIAL H			BALTI	MORE CIT	Y				
DIRECTOR	Md . 106. COUNT	Υ			r TOWN OR LOCATION 10d. I					
FUNERAL	100. STREET AND NUMBER 515 Richwood	Avenue			10f. ZIP CODE 21212			1 1 YES 2 NO EN OF WHAT COUNTRY? USA		
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	12 WAS D						
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 NO R DATES	If yes,	specify Cuban, Mexic	en, Puarto Rican, et	c.)	14. RACE — American Indian, Black, Whita, etc. Specify: Black		
띮	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a, DECEDENT'S	USUAL OCCUPA	TION	16b. KIND 0	F BUSINESS/INDU			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during a se retired.) ocker	nost or working	Beth	. Stee	1		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, M				
BE (Gid Thornton				Emil:		binson			
TO E	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
-	Deloris P. Th		515	Richwe	ood Ave	nue Bal	to., M	d. 21212		
	20a. METHOD OF DISPOSITION 11 Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE	OF DISPOSITION /	Name of	DATE 20	c. LOCATION — CI	ity or Town, Stata		
	4 Domation 5 Other (Specify)		Garrison	Forest 4/20 Baltimore, Md.						
	James a.)		AND ADDRESS OF A. M.			,Md. 21217		
	23. MAT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dular, such as earlies as recipied as									
	interval Betwee									
	resulting in death) a. in tracerebral he in hage 24° DUE TO (OR AS A CONSEQUENCE OF):									
z	- hoestensin									
5	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
걸	cause. Enter UNDERLYING CAUSE (Disease or tnjury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION										
	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS									
EDICAL		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?								
Σ								1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
	EXAMINER?	HOSPITAL:	hutantiant 1 Dos	OTHER:						
₹ I	27. MANNER OF OEATH	28a. OATE OF INJUR			me 5 🗀 Realdenca			neo.		
	1 Netural 5 Pending (Month, Dr.), Ibar) Pending M 1 VES 2 NO									
BÝ	2 Succided 28a. PLACE OF INJURY — Al Troma. facm, effect, factory, office 28d. IOCATION (Street and Mumber of Day Co. of No.									
COMPLETED	3 Suicide e Could not be determined 28s. PLACE OF INJURY — AT home farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
2 1	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, death occurre	ed at the time, da	e and place, and due	to the cause(s) and	monner on stated			
NO N	one) 2 MEDICAL EXAMINE	R: On the beals of examina	tion end/or investigation	n, in my opinion,	death occured at the	time, date and plac	e, and dua to the	cause(s) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			SIGNED (Month, Day, Year)		
TO BE	THO	chemp			Du	(1104	Þ 4	43.3		
	30. NAME AND ADDRESS OF PERSON WHO	PRWY	DEATH (ITEM 27) (Type,		2 (218	×				
	31. DATE/FIETHOUTE, AN 1007	ALATE CIDENALA	GNATE LA CO	, , ,	- 10					



And the second

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the attending physician and completely filled in by the funcial director, page 5 should be detached for use as the build-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Le	Donald Owings Warthen, Jr.				2, 199				
	4. SOCIAL SECURITY NUMBER			DER 1 YEAR IF UNDER 24 HR	S 7 DATE OF BIRTH	a pir	2 12:05 PM			
	213-84-7737	1 🔯 M 2 🗆 F	29 YRS. MONT		ALA: 44 (D) 14	Co	untry)			
	90. FACILITY NAME (If not institution, gi	ve street end number)		ITY, TOWN OR LOCATION OF		9c. COUNTY OF	aryland			
DIRECTOR	307-J Sun S	hine Place		Catonsvill		111111111111111111111111111111111111111	imore			
E S	10e. STATE 10b. COU		10c. CITY, TOW	N OR LOCATION			10d, INSIDE CITY			
	Maryland 100. STREET AND NUMBER	Baltimor	е	Cato	nsville		1 YES 2 NO			
FUNERAL	307-J Sun Shi	no Place		IUI. ZIP CODE	01000		F WHAT COUNTRY?			
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NIIS ADMED	12 MMC DECEMBER OF THE	21228		SA			
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 ☐ YES 2 ☐ NO Sp	rican, Puerto Rican, etc.)	81	ACE — American Indian, ack, White, atc. ecity: White			
ETED	15. DECEDENT'S E	DUCATION	160. DECEDENT'S USUA	OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY				
E	(Specify only highest gr	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	ne during most of working			of Maryland			
릴		5+	French	Instructo		more C				
COMPL	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Meiden		ounty			
BE C	Donald O	wings Warth	en. Sr.		ce A. McC					
	19a. INFORMANT'S NAME (Type/Print)			ESS (Street end Number or Ru	ral Bouth Number City or Tou	al Lily				
5	Donald O. W	arthen. Sr.					MD 01007			
	20a. METHOD OF DISPOSITION	201	PLACE AND DATE OF DISE	Tavish Ave		CATION - City or				
	1 M Burlal 2 ☐ Cremetion 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) _	emoval from State cer	netery, crematory or other pla	Comotom	1/15 D-	T	lown, State			
	Boddon raik demetery 4/1) Daitimore, Mi)									
	Machabb Funeral Home, P.A.									
	George E. MacNabb 301 Frederick Road Balto., MD 21228 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
CERTIFICATION	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent condition	Dns contributing to death b	ut not resulting in the	underlying cause given	In Part I. 24e. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS ANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)									
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outp	etlent 3 DOA 4 N	ER: ursing Home 5 Residence	e 8 Other (Specify)					
E	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?						
	2 Acctornt 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, strest, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
=	200. CERTIFIER A CERTIFYING PHYSICIAN TO									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beef of my knowledge, death occurred at the lime, date end piece, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner es stated.									
BE (296 SIGNATURE AND THE OF CERTIF	296. SIGNATURE AND THE OF CERTIFIER 29c. LICI					D (Month, Day, Year)			
10	Colffor	W		D24	+602		1 13, 1992			
F	30. NAME AND ADDRESS OF PERSON V									
	Raymond J. Al	tieri, M.D.	1018 Dul	aney Valle	ey Rd. Ba	ltimor	e,MD 21204			
	APR 16 1992	38. REGISTRAR'S SIGNA	- Randelle							

Andrewson Statement of the second

or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Language Into TO THE FUNERAL DIRECTOR: After this certificate has been about to fined within 72 hours after death with the State Down Heavy IMPORTANT: If I lem 28 is marked, or Item 23 shows and

STATE	0F	MARYLAND	/ DEPA	RTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENI
			ERTIF	FICATE	0	F DEAT	TH		REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. OECEDENT'S NAME (First, Middle, Lest) 1SABELLE Y	USHKA:	ISABELLE	E.YUS	YUSHKA 2. DATE OF OEATH		93	ar OGZ9Am		
	215 18 6989 1	□ M 2 X F 9	O YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2	BIRTHPLACE (State or Foreign Country) MD		
TOR	98. FACILITY NAME (If not institution, give street HOWARD COUNTY G RESIDENCE OF DECEDENT	ENERAL H	0	OLUMBI	R LOCATION OF DE	ATH	9c. COUNTY HOWA			
DIRECTOR	Maryland Howa	rd		imbia			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	6334 Cedar Lane			101.	ZIP CODE	U.S.	OF WHAT COUNTRY? A.			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	2. WAS DECEDENT EVER IN U.S FDRCES? 1 'YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DEC	RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ION 16a nplated) College (1-4 or 5+)	Give kind of work life. Do NOT use n	k done during mo: etired.)		Tavlor		Hospital		
BE COM	17. FATHER'S NAME (First, Middle, Last) Thomas Yushka	1	50020		16. MOTHER SYL	ME (First, Middle, Malden a Salome	Surname)			
TO B	19a. INFORMANT'S NAME (Typo/Print) Sol Fisher		Taylor	Manor	Hosp. 41		Ave.	Ellicott City		
	1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	20a. METHOD OF DISPOSITION 1								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Planny H Witzke Funeral Home Inc. 4112 Old Columbia Pike Ellicott City									
TED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	STUC NSEQUENCE OF): MACHINI NSEQUENCE OF):				iratory arrest	Approximete Interval Between Onset end Deeth Mouths		
	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Myelopio fifestiat divides Chamic Olykharites pulmony divores The property performed? 1 YES 2 FATO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
		IOSPITAL:		26. PLACE OF DEATH (Check only one) OTHER: DOA 4 Nursing Home 5 Residence 6 Other (Specify)						
	27. MANNER OF OEATH 1 Mahurel 6 Pending 28a. DATE OF INJURY (Month, Day, Year)			OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCUR	ED		
	2 Accident investigation 3 Suicide a Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rura City or Town, State)							Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner se stated.									
TO BE C	296. LICENSE NUMBER 29c. LICENSE NUMBER 0 2 2 856 4 15 30. NAME AND ABDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) Levery L. Check R., M.D., 110 55 Lottle Patriciant Play Columban, M.G. 21 DETERMED AND CONTROL OF MARKET DESCRIPTIONS SUCCESSIONS.							IGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO I	COMPLETED CAUSE OF DEATH	55 Lil	Hle PA	relocat.	Pky Col	Leeben,	mo 2104		
	SI. ONLE PILED (MOINT, Day, 1941)	32. REGISTRAR'S SIGNATU	HE			0				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by a later this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY CHINEDAL TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AMD 2 215-0020

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				HYGIENE REG. NO	/	000		
1. DECEDENT'S NAME (First, Middle, Lest))				2. DATE OF	DEATH	3. TIME (OF DEATN		
AUDIS		ADAMS			MONTH	1 13/	VEAR 12:	:05 P M		
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	B. BIRTHPLACE (St Country)	iete or Foreign		
232-18-5437	C 1 (XM 2 □ F	/ / YRS.		-321	12/	107 14	W. Va.			
an. FACILITY NAME (If not institution, give		9b.	. CITY, TOWN OR	LOCATION OF D	EATH	Oc. COUR	NTY OF DEATN			
1004 ARMISTEAD	WAY		BALT	IMORE						
10a. STATE 10b. COUNT	гу	10c. CITY, TO	OWN OR LOCATIO	ON			10d. INSI	DE CITY		
MD		LEI,		Ва	ltimor	more 1 🖾 yes 2 (
100. STREET AND NUMBER			101. 7	ZIP CODE		10g. CITI	ZEN OF WHAT COU	NTRY?		
1004 ARMISTEA				21205			U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X 50	If yes, spec	olfy Cuban, Mexico	an, Puerto Rici	Specify Yee or No— an, etc.)	14. RACE — Americ Black, White, et	ten Indian, " to.		
3 XWidowed 4 Divorced	IF YES, GIVE WAR OR D	ATES ,	1 TYES 2	NO Speci	fy:		Specify: WHITE	1		
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S USUA			16b. KI	IND OF BUSINESS/IND				
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	tired.)	of working						
NA	NA	IRONWOR	KER		UN	ION LOCAL	16			
17. FATHER'S NAME (First, Middle, Last)	AT	1340		16. MOTHER'S NA		dle, Malden Surname)				
ANTHONY 19a. INFORMANT'S NAME (Type/Print)	AL	DAMS				LVA MULLI				
KAREN ANN MIDW	IG (DGHTR)					City or Town, State, Zip PA. 173				
20s METHOD OF DISPOSITION 1A Buriel 2 Cremation 3 Ren		D. PLACE AND DATE OF DIS			DATE	20c. LOCATION - 0				
12 Paulel 2 Cremation 3 Ren 4 Abonation 5 Other (Specify)	noval from State cen	Telery, cremetory or other of CEDAR HILL	CEMET1	ERY	1	92 A.A.	The state of the s	ח		
21. JIGNATURE OF FUNERAL SERVICE L		1	22. NAME AND	ADDRESS OF FA	ACILITY		00. ,	υ.		
15	1. Zeel			IMUNEK			(000 1/0	21212		
23. PART I. Enter the diseases, or	complications that cause	d the feath. Do not e	anter the mpd	of dving, sur	b LAN	E , BALTIM	ORE, MD.	Proximata		
ahoek, or heart failure.	. List Dnly Dne cause Dn a	ach line.			AT 44 CO. C.	Oliempharphy and	Inte	erval Batween set and Death		
disease or condition	COP	D and	L CA	1				My CI		
resulting in death)		A CONSEQUENCE OF):								
Commentative that constitions										
If any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or Injury	C. DUE TO (OR AS (A CONSEQUENCE OF:								
that initiated events resulting in death) LAST		CONSEQUENCE OF).								
	d									
PART II. Other algnificant condition	na contributing to death b	ut not reauting in the	e undarlying o	cause given in	Part I. 24	E. WAS AN AUTOPSY PERFORMED?				
1	TYES 2 NO		ION OF CAUSE							
						/	1 TYES	2 NO		
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:	OT OT	HER:	CE OF DEATH (CA						
27. MANNER OF DEATN 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED										
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK		200.0200	DE NOW MOON! OCC	UNED			
3 Suicide 6 Could not be 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)										
4 Nomicide determined	building, atc. (Spec	my)			City or 1	own, State)				
29a. CERTIFIER 1 CERTIFYING PHYS	BICIAN: To the best of my know	ledge, death occurred at	the time, date or	nd place, and due	to the cause(e) and manner se state	rd.			
	ER: On the basis of examination							per as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE		1 0		Pec. LICENSE NUI			SIGNED (Month, Da			
Doward	of tree	Laurel me	2	039	618	1	4-14-			
30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	ij.							
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Son-Randell								
M APR 1 (199	I Juna way	DOT - Marian								

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Alabert - Comment

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE STATE CERTIFICATE OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Eugene T. Brandt						2. DATE OF DEATH	DAY	YEAR 92	3. TIME OF DEATH 749-A M
	4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. In 2 1 7 7	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) May 24,	1914	Country	
Œ	9a. FACILITY NAME (If not institution, give street and number) Stella Maris Hospice	-			A LOCATIO	ON OF DE	ATH	9c. COI	UNTY OF D	EATH
210	RESIDENCE OF DECEDENT			OWSO1				Ba	ltimo	ore
SIRE	Maryland			more.						10d. INSIDE CITY LIMITS?
AL (10e. STREET AND NUMBER	1 -	alli		ZIP CODE			teg. CIT		1 N YES 2 NO
NER	5528 Daybreak Terrace				2120	6		U.	S. A	•
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2 X IF YES, GIVE WAR OR DATES	RMED NO	- 1	If yes, spe	ENGENT OF	i, Maxican	C ORIGIN? (Specify), Puerto Rican, atc.)	es or No—	14. RACE Black Specif	- American Indian, , white, atc.
TED	(Specify only highest grade completed)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working to, Do NOT use retired,) (b, Do NOT use retired,)								
COMPLETED	College (1-6 of 5+)	Super		r			В. С	. &	Ε.	
CO	17. FATHER'S NAME (First, Middle, Last)						E (First, Middle, Maide	n Sumame)		
BE	Thomas M. Brandt 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
5	Beverly J. Gayhardt (Dghtr) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 120 Briarcliff Lane, Bel Air, Md. 21014									
	20a METHOD OF DISPOSITION 20b. PLACE	ANDDATE	OF DISPOS	ITION/Nac	ne of		OATE 20c I	OCATION	City or Ton	un State
	4 Donetton 5 Other (Specify) Sacre	ed He	art	of J	esus D ADDRES	Ceme	etery Ba	1time	re, l	Md.
	VE OP	()	S	chim	unek	Fune	eral Home	s, In	ıc.	
	23. PART I. Enter the diseases, or complications that caused the	eath. Do r	ot enter	tha mod	Brehi	ns La	ane, Balt	imore	, Md	. 21213
	shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Gastric DUE TO (OR AS A CONSE	·. C	an							Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST									
	PART II. Other significant conditions contributing to death but and resulting in the									
N: MEDICAL									AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		071155		CE OF OE	ATH (Chec	k only one)	-		
PHYSICIAN:	1 ☐ YES 2 € NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 27. MANNER OF DEATH 28s. OATE OF INJURY	28b. TiM	_	Ing Home		-	Other (Specify)		ospic	e
ВУ РІ	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJ		28c. INJU WOR 1 YI	IK?	- 1	28d. OEŞCRIBE HOW	INJURY OC	CUREO	
	3 Suicide 6 Could not be determined 26s. PLACE OF INJURY — At he building, stc. (Specify)	ome, farm, a	freet, fect	ory, office			28t. LOCATION (Street City or Town, State	and Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) t X CERTIFYING PHYSICIAN: To the best of my knowledge, de one) 2 MEDICAL EXAMINER: On the best of examination end/or	eath occurre	d at the ti	ma, data a pinion, de	ind place, ath occure	and due to	o the cause(s) end m	nner se ata	led. ne ceuse(s)	and manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER alla A allefare		40		29c. LICEN	7087		29d, DAT	4.4	Month, Day, Year) 16-92
F	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE Carla S. Alexander, M.DStella	Maris Maris	Print) HOS	pice				RdTo		
	Carla S. Alexander, M.DStella Maris Hospice-Dulaney Valley RdTowson 21204 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 17 1992									

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State of the latest

92-2124-031 eb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
4/24/92 CERTIFICATE OF DEATH

REG NO. 1 - FOR STATE G-686 reb

	REGISTRAN	4/24/7	<u></u>	CERTII	ICAIL	. Or	DEATI	п	H	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Jerold	Martin]	Frank	el			2. DATE OF E	DEATH DA		YEAR 992	3. TIME OF DEATH 8:45 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX		s. leat birthday)	IF UNDER		IF UNDER 24		7. DATE OF B	нтн		B. BIRTHI Country	PLACE (State or Foreign	
	259-62-8590	1 X M 2 F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.		944		orgia	
	Da. FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
5	Best Western Mote	al- Room	708		Si 157	Silver Spring Mon					ntgo	7000 300 Y		
15	Best Western Mote		700		01.1 0	المال	JOI IIIC	í			PAC	mugo	mer y	
DIRECTOR	10a. STATE 16b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION						10d, INSIDE CITY LIMITS?	
ā	Maryland 1	Montgomer	cy		Kensi	ngt	on					ł	1 TES 25 NO	
4	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	10722 Drumm AV	enue					2089	95			U.	.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDEN			13. V	WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (S	ecify Yea	or No-	14. RACE	- American Indian, White, stc.	
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						ecify Cuban,		Puerto Rican	, etc.)		Specif		
87	3 Widowed 4 Divorced						A.						White	
	15, DECEDENT'S EDU (Specify only highest grade		16a	DECEDENT'S	USUAL OC	CUPATIO	ON set of working		16b. KIN	D OF BUS	INESS/INC	JUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Iffe. Do NOT u	se retired.)	arring IIIQ	ot or working							
N N		6 YEARS		Dent	ist				Dei	ntis	try			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHE	R'S NAM	E (First, Middle	, Maiden	Surname)			
NOrman Frankel Harriett														
198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow							, State, Zic	Code)						
=	DIANE J. FRANKE	L		1072	2 Dru	mm .	AVenu	ue - Kensington, Md. 20895						
	20a. METHOD OF DISPOSITION	CE AND DATE	OF DISPOSI	TION (Na	me of		DATE	20c. LO	CATION -	City or Tox	wn, Stata			
	1 ▼ Buriel 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Crest Law					ori	al Par	rk		At1	anta	. GE	orgia	
	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.										- 6			
	· 1/1/1													
\vdash	- In		_/		41	07	WILKE	NS A	VENUE	-BAL	TIMO	RE, N	D. 21229	
4	shock, or heert fellure. List only one cause on each line.									Approximata Interval Between Onset and Daath				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
문	CAUSE (Disease or Injury													
Ē	thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
8		d											1	
	PART II. Other algnificant condition	na contributing to	death but n	Dt resulting	in the un	derlying	ceuse giv	ren in Pr	nri i. 24a	WAS AN		24b.	WERE AUTOPSY FINDINGS	
EDICAL	Depression								10	YES 2	7.5		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									_ '				OF DEATH? 1 YES 2 NO	
2									_					
<u> </u>	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEA	TH (Checi	k only one)					
SICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatien	4 3 DOA	OTHER	:	e E C Beete	denne A	Other (Spi	m, m	ntal	room	1	
РНҮ	27. MANNER OF DEATH	28e. DATE OF	INJURY	20h TIN	E OF	28c. INJ	URY AT		28d. DESCRIB					
	1 Netural Substitution	found 4		foug	URY A		RK? (ES 2	- 1	Subje				inas	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE C	F INJURY — A			ry, office			et. LOCATIO		nd Number	r or Bural Br	nute Number	
	4 Homicide determined	found.	etc. (Specify)	el ro	Om				City or Tox	vn, State)	271	5 Un	iversity	
9	29a. CERTIFIER								Ivd J			ton.	Md.	
COMPLET	(Check only one) 2 2 MEDICAL EXAMINE	ICIAN: To the best of IR: On the basis of a											and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIED	R 1	01				29c. LICENS	SE NUMB	ER		29d. DAT	E SIGNED	(Month, Day, Year)	
0 8	Denn	is di	Chu	to un	0		0.0	.M.E	1		▶04	16 1	1992	
1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)		0.0	****			04	10	-116	
				111 Pe	nn St	ree	t. Ba	1+im	ore M	artil	· and	2120	n1	
	31. DATE FILED (Month, Day, Year)	Sulie Day	H'S SIGNATUR	u .	יוני טנ	سلم ت	Le Da	اللما ع	OLC M	GLYI	, and	414	<u> </u>	
	APR 17 1992	gulia Devi	dion-Man	delle										

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BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or amending phy

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by the funeral director, page 5 should be detached removal.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 it.

TO THE FUNEALL DIRECTOR. After this certificate has been signed by the attending physician and completely fille be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If item 28 is marked. or item 23 chause and interest. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Principle Angelian Resident APR The foliation of the second

			ges 1, 2, 3 should	
1	BALTIMORE, MARYLAND 21215-1020	. Page 6 may be retained by the host an emend on physician.	ral director, page 5 should be determent age anne burial-transit permit. F	iner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hose are after the physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determine burightransit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydrien polor to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical azaminer must be notified at once.

1. DECEDENT'S NAME (First Beau G. Hot	,						DEA		2. DATE OF DEATH APRIL 15,		YEAR 6.20 D	
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. les	ng balanta at a . 1	IF UNDER	4 90		0.100	7. DATE OF BIRTH	TAA		
213-54-3007		1X M 2 🗆 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month Day Year)	1932	BIRTHPLACE (State or Foreign Country) Maryland	
9a. FACILITY NAME (If not in					96. CITY	96. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH						
618 N. Clin		•				Baltimore -						
10a. STATE	10b. COUNT	Y		10c, CIT	Y, TOWN (OR LOCA	TION			-	10d. INSIDE CITY	
Maryland	-					time					LIMITS?	
10e. STREET AND NUMBER						10	. ZIP CODE			10g. CI1	IZEN OF WHAT COUNTRY?	
618 N. Clin	ton St						21	.205		U.	S. A.	
11. MARITAL STATUS 1 Never Merried 2 3 Dividowed 4 Dividowed		FORCES?	IT EVER IN U.S. AR YES 2 (A) MAR OR DATES	RMED NO		If yes, sp	ENDENT O	n, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—	14. RACE — American Indian, Black, White, atc. Specify: White	
15. DEC	EDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. KIND OF BU	ISINESS/IN		
Elementary/Secondary (College (1-4 or 5	+)				ist of workin	g				
		NA	Ti	ruck	Driv	er				Comp	any	
17. FATHER'S NAME (First, A									ME (First, Middle, Meider	Sumame)		
Joseph Hoff							Mary Mullen					
Margaret D		(1.14 E - \				6 (Street end Number or Rurel Route Number, City or Town, State, Zip Code)						
THE PARTY OF THE P							nton St., Baltimore, Md. 21205					
							of Disposition (Name of per place) Valley Memorial Timonium, Md.					
21. SIGNATURE OF FUNEBA		THEFF	Dula	aney	Vall	ey N	lemor	ial	Ti	moniu	m, Md.	
. //	-	7/	/						eral Home	s, In	ic.	
3331 Brehms Lane, Baltimore, Md. 21. 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, App.								, Md. 21213				
Sequentielly list conditions, If any leading to immediate MAEDIATE CAUSE (Final disease) Carcinsma of the Brain 1 9r. Sequentielly list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												
25. WAS CASE REFERRED T	MEDICAL											
EXAMINER?	- medicate	HOSPITAL:	T 5000 + 11 + 0		OTHER	₹:			ck only one)			
27. MANNER OF DEATH	Pending	1 Inpetient 2 I	INJURY	26b. TIM	E OF JURY	26c. INJ WO	URY AT		6 Other (Specify) 28d. DESCRIBE HOW	NJURY OC	CUREO	
2 Accident 3 Suicide 6	investigation Could not be	28e. PLACE C	F INJURY — At ho	me, farm,	M street, tect		rES 2	NO	28f. LOCATION (Street City or Yown, State	and Numbe	r or Rural Route Number,	
29a. CERTIFIER (Check only	CAL EXAMINE	R: On the basis of s						d at the	to the cause(s) and ma time, date end place, an BER	oner ea ste nd due to 11 29d. DAT	E SIGNED (Month, Day, Year)	
30 NAME AND ADDRESS	lly						NY	()	-408		4-16-92	
Dr. Jose Ar 31. DATE FILED (Month, Day, APR 17						B l vd	., В	alto	., Md. 212	224		

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1	-	STATE
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	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH						
	John Alexander			luk, Jr.		0.4 1.4	1992					
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
	218-92-1540	1 M 2 F 2	7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)				
	9a. FACILITY NAME (If not institution, give a		9h CITY TOWN I	OR LOCATION OF DE	6-10-1964	9c, COUNTY	NEW JERSEY					
Œ						DAIN .	DC. COUNTY	OF DEATH				
6	4211 Bayonne Avenue Baltimore											
E I	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
DIRECTOR	MARYLAND	BALTIMORE		D	OSEDALE			LIMITS?				
	10e. STREET AND NUMBER	JALILINUAL			ZIP CODE		10n. CITIZEN	OF WHAT COUNTRY?				
2	10 KING UFUDIL GID.	OLE				007	log. Or real					
FUNERAL	42 KING HENRY CIR	12. WAS DECEDENT EVER IN C	IS ADMED	19 WAS DEC		237 HC ORIGIN? (Specify Ye		U.S.A. RACE — American Indian.				
	Never Married 2 Married FORCES? 1 YES 20 IF YES, GIVE WAR OR DATES			If yes, sp	ecity Cuban, Mexica	n, Puerto Rican, etc.)		Black, White, atc.				
B	3 Wildowed 4 Divorced	ES -	1 U YES	2 NO Specify	y:	1	Specify: WHITE					
0	15. DECEDENT'S EDU	CATION	I6a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDUST					
	(Specify only highest grade Elementary/Secondary (0-12)	(Give kind of life. Do NOT u	work done during mo se retired.)	st of working			***					
4	12TH GRADE	College (1-4 or 5+)	C.I	LES CLER	ν	170	LIOUOR STORE					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	N/A		LES CLER			irst, Middle, Maiden Surname)					
Ö	to married a firme (read, mixing, mixing marger surriging)											
BE	10HN ALEXANDER HALFLUK, SR. 190. INFORMANT'S NAME (TOPOPPIN) 190. MAI ING ADDRESS (Street and Number of Part Flore Number (Street Flore Number of Floret Floret Number of Floret Flore											
2	The state of the s											
	PAULETTE M. HALFLI											
	Burial 2 Cremation 3 Rem	ovel from State camet	any cramatory or a	OF DISPOSITION (Ne other place)		1	OCATION — City					
	21. SIGNATURE OF JUNETAL SERVICE LICENSES 12. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY											
	. / / / / /	1 4.1	/			ERAL HOME	OF DUAM	DALK THE				
	nann	Isla				ENUE DUN						
	23. PART I. Enter the disesses, or o	complications that caused t	the death. Do	not enter the mo	de of dying, suc	h se cardiac or resp	iratory arrest,	Approximate				
- 1	sheck, or heart fellure. IMMEDIATE CAUSE (Finel	List only one cause on eac	th line.					Interval Between Onset and Death				
	disease or condition											
H	oue TO (OR AS A CONSCOUENCE OF):											
-												
Ö	Sequentially list conditions, If any, leading to immediata											
7	cause. Enter UNDERLYING											
프	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST											
DICAL	ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? AND LABLE PRIOR TO											
8 1						1 PES	2 NO	COMPLETION OF CAUSE OF DEATH?				
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-						P-Eud-wide						
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	ack only one)						
S	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpeti	lent 3 DOA	OTHER:	S X Basidana	6 Other (Specify)						
Ĕ∥	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIN			28d. DESCRIBE HOW	INJURY OCCURE	TD.				
	X Netural Self-tending	(Month, Day, Year)			RK?							
BY	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF INJURY —	At home, ferm.			28f. LOCATION (Street	and Number or O	cont Shoute Mumber				
	4 Homicide 8 Could not be determined	building, atc. (Specify)	on only additionally, come		City or Town, State)	oral House reamber,				
9	29a. CERTIFIER			17/20/20 No 10/20								
d l	(Check only	CIAN: To the beat of my knowled										
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of examination s	ind/or investigation	on, in my opinion, d	eath occured at the	time, data and place, ar	nd due to the cau	use(a) and manner as stated.				
шШ	296. SIGNATURE AND TITLE OF CHARTIFIE	1.			29c. LICENSE NUN	IBER	29d. DATE SIG	NEO (Month, Day, Year)				
8	Mount of	There			O.C.M.	E.	0.4	15 1992				
유	30. NAME AND ADDRESS OF PERSON WH		H (ITEM 27) (Type	, Print)			01					
	HAMMAID D.	. Horow My	111 Pa	nn Stree	t. Balti	more Mary	land 21	201				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	UBE	THI DITTEE	L. Daill	MOTE MATA	iana ZI.	201				
	400 17	1000 16:1	Carlo X	D								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tranbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	TMENT O	F HEALTH AND	MENTAL HYGIER				
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY MORELAND JONES 2. DATE OF DEATH 3									
	DOLOL	nym	- 10	ne	5	4-15	-92	6820 AM		
	4. SOCIAL SECURITY NUMBER		in yrs. (ast birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Mar)		BIRTHPLACE (State or Foreign Country)		
	017-12 (6(2)1 M2 FF / 6 YRS.									
· c	9a. FACILITY NAME (If not Inelitation, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Anne Arundel Medical Center Annapolis									
DIRECTOR	Anne Arundel Medical Center Annapolis AnneArundelCoun									
1 2	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION			10d, INSIDE CITY		
H	Maryland AnneA	Arundel Count	У	Riva				LIMITS?		
A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
띮	315 Cove Road					21140		USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If you	DECENDENT OF HISPA I, specify Cuban, Mexico YES 2 NO Specific		a or No— 14	RACE — American Indian, Black, White, atc.		
ED B										
H	(Specify only highest grade	completed)	(Give kind of a	work done during	PATION p most of working	16b. KIND OF BU	ISINESS/INDUS	TRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)				Federal	Gov't	Worker		
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maider	Sumame)			
		Moreland				e Fandures				
TO BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
	Judith Fransen		172	7 Broa	dlee Trail	,Annapoli:	s, MD 2	21401		
200	20s. METHOD OF DISPOSITION 1	oval from State came	PLACE AND DATE (stery, crematory or o		(Name of	OATE 20c. LC	OCATION — City	y or Town, State		
CABILLIA	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Ronald Wad	de,Dir	22. NAM	E AND ADDRESS OF FA	STATE	ANATOMA	Z BOARD		
	unkal DU		4/15/92	655	W. Baltim	ore Stm, Ba	lto.,M	ID 21201		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST Onset and Death Due to (or as a consequence of): Due to (or as a consequence of): Oue to (or as a consequence of):									
	PART II. Other significent conditions contribution to death but not equilibrate to									
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuee given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION DE COMPLETION D									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			. PLACE OF DEATH (Ch	eck only one)				
YSI	1 TES 2 NO	N Inpetient 2 ER/Outpe	itlent 3 🗆 DOA	OTHER: 4 Nursing I	iome 5 🗆 Residence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIMI	URY	INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCUR	ED		
	2 Accident Investigation	26 DI ACE OF HUMAN	614		YES 2 140					
TED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY - building, etc. (Specif	- At nome, term, s	freet, factory, o	offica .	281. LOCATION (Street City or Town, State)	end Number or i	Rural Route Number,		
COMPLETED		CIAN: To the best of my knowle t: On the bests of exemination						suse(a) and menner as stated.		
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	47.	. 2		29c. LICENSE NUI	WBER	29d. DATE SI	GNED (Month, Day, Year)		
TO.	TO I MANE AND ADDESS	TUJ M/ for Dr		eson	Mayla	nd	1 4	115/92		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Anno	polis ME	7	1			
	APR 1 7 1992	3 REGISTURES SIGNAL	The Last of	i						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR ERTIF	TMENT OF I	IEALTH AND DEATH		YGIEN		12	10687
	1. DECEDENT'S NAME (First, Middle, Last)	Carl N.	Klimo	vitz			2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-12-7148	1 ⋈ M 2 🗆 F	AGE (In yrs. les	t birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, D. NOV.	DIOTH		S. BIRTHP	yland
DIRECTOR	99. FACILITY NAME (If not institution, give st. UNION MEMORIAL RESIDENCE OF DECEDENT	HOSPITAL	31			EMORE CI	DEATH		_	TY OF DE	
	Maryland -			10c. CIT	y, town on Loca Baltimo						10d. INSIDE CITY LIMITS? YES 2 \(\text{NO}\)
LONCHAL	2635 Chesterfield	Ave.			10	21213				S.	A.
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? XX IF YES, GIVE WAR WW	YES 2 N	MED IO	If yes, sp	ENDENT OF HISPA ecity Cuben, Maxi- 2XXNO Spec	cen, Puerto Rice	specify Yea n, etc.)	or No	14. RACE Black, Specify	- American Indian, White, alc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) NA	ATION completed) College (1-4 or 5+) NA	/G	CEOENT'S Ve kind of v Do NOT us Bart	e retired.)	k done during most of working elired.)					
Anna Klecnack											
2	19a. INFORMANT'S NAME (Type/Print) Ray Klimovitz (Son	1)	20	MAILING	ADDRESS (Street of Chesterf	nd Number or Rura	Route Number, C., Balt	O., I	Md. 2	Code) 1213	
	20a, METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		20b. PLACE	ND DATE (of Disposition (Na ther place) Cemetery		DATE	20c. LOC	altim	ity or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICE) Lan	mh		Schi	no address of F nunek Fu Brehms	ineral	Homes	s, In	c.	
23. PART I. Enter the diseases, a complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each lina.								Approximata Interval Between Onset and Daath			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated avents resulting in death) LAST L. Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF): Service of the control of t										
THE DIONE	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 1										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXAMINER? HOSPITAL: OTHER									
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Pinpatient 2 ☐ ER 28e. DATE OF INJI (Month, Day, W	JRY	28b. TIME	URY WO		8 Other (Sp 28d. DESCRIE		JURY OCCL	PRED	
	3 Suicide 8 Could not be determined	26e. PLACE OF IN building, etc.	JURY — At hor (Specify)	ne, ferm, s	treet, tectory, office)	281. LOCATIO City or To	N (Street ar wn, State)	nd Number o	r Rural Rou	ite Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICI	IAN: To the beat of my	knowledge, das	th occurre	d at the time, data	and place, and du	e to the cause(a) and menr	dus to the	f. Cause(s) s	nd menner sa stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	Resido				29c. LICENSE NU					form, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM	27) (Type,	Print) 201 E	univ. P.	BAZT.	, no	2	1218	

32. REGISTRAR'S SIGNATURE
JUNA DAVIDSON PENDE

31. DATE FILED AGOND, DOY, YEAR) 1992

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Security Thanker (Park Humber) 218-14-6785	ote or Foreign) DE CITY								
A SOCIAL SECURITY HUMBER 1. SEX 1. SEX 1. SEX 1. SOCIAL SECURITY HUMBER 1. SEX 1. SEX 1. SEX 1. SOCIAL SECURITY HUMBER 1. SEX	ote or Foreign) DE CITY								
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3 Success 4 Homicide 4 Homicide City or Town, State) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dasth occurred at the time, data and placa, and due to the cause(a) and manner as stated.									
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, De)	er as stated.								
	y, Ybar)								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)	y, Ybar)								
The state of the s	y, Ybar)								
DR. KHIN TUN, 1006 TAYLOR AVENUE, BALTIMORE, MD 21204 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	y, Ybar)								

3. TIME OF DEATH

2. DATE OF DEATH

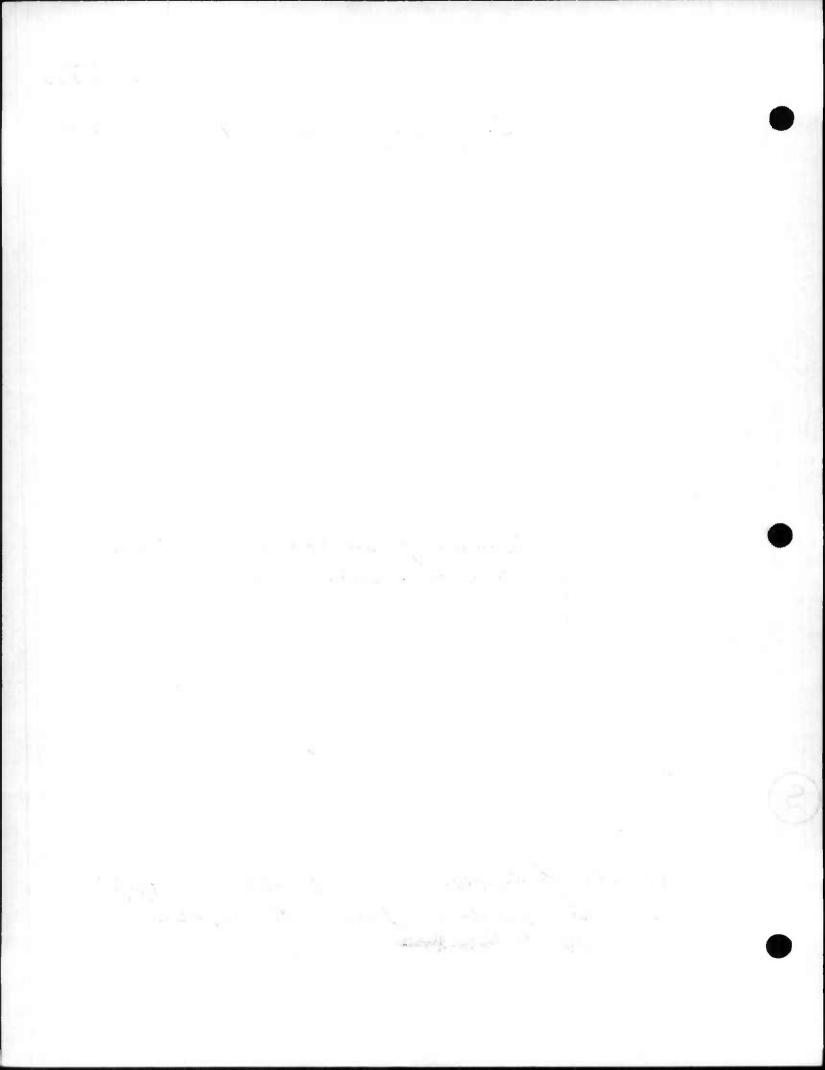
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стов	90. FACILITY NAME (III	not institution, give	street and number)				OR LOCATION OF D	EATH		county o	OF OEATH
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE FUNDAMENTAL PROPERTY OF THE PROPERTY

DIRECTOR: After the hours after death

TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

THE HOSPITAL O THE FUNERAL D filed within 72 h

1 - STATE G = 687 5/12 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92-2095-510 REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Joseph Michael 04 1992 9:06 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) a. BIRTHPLACE (State or Foreign Country) Maryland IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH Sept. 30, 1954 218-62-3803 MONTHS DAYS 37 HOURS MIN. 1 X M 2 | F YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3230 Belair RO Road Baltimore 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore NX YES 2 ☐ NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3230 Belair Road 21213 U. S. A. 11. MARITAL STATUS Seperate 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 | YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) ige (1-4 or 5+) NA NA Merchant Marine Union 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Leo Martin Michael Philamena Sortino 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) James W. Michael (Brother) 3230 Belair Road, Baltimore, Md. 21213 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State floly Cross Cemetery Glen Burnie 21. BIGNATURE OF FUNERAL GERVICE LICENSER 22. NAME AND AGORESS OF FACILITY
Schimunek Funeral Homes, Inc. Wm 3331 Brehms Lane, Baltimore, Md. 21213 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line, Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Narcotic intoxication DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO Cocaine Use COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 🖄 Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Ukn. M found 4/15/92 1 YES 2 NO Unknown BY 2 Accident Investigation 28e. PLACE OF INJURY — Af home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rurel Route Number, City or Town, Stete) 3 2 3 0 Belair Baltimore. Md. 3 Suicide COMPLETED 8 💢 Could not be 4 Homicide found at home 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. CATE SIGNED (Month, Day, Year) BE One The York 04 15 1992 O.C.M.E 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

11 Penn Street, Baltimore Maryland 21201

Jours after death. Page 6 may be retained by the host willed in by the funeral director, page 5 should be detached on, or removal.	the medical examiner must be
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the same death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illied in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If flow 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	STATE OF MARYLAN	CERTIFIC			REG. NO. 2. DATE OF DEATH MOUTH		92 1069	
	4. social security number / 219 16 3893	5. SEX 8. AGE (In 1 M 2 XF 68	/	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/31/1923		i. BIRTHPLACE (State or Foreign Country) Penna	
TOR	90. FACILITY NAME (If not institution, give states 1000 S. Cater AV		91	EATH	-	y of Death na			
L DIRECTOR	Maryland na	,		ltimor			Tan order	10d. INSIDE CITY LIMITS? 1 № YES 2 □ NO EN OF WHAT COUNTRY?	
FUNERAL		S. Cater Ave	enue	10		229	log. Citiza	USA	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EYER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISPA Hecify Cuben, Mexico 2 NO Special	NIC ORIGIN? (Specify Yo en, Puerto Ricen, etc.) y:	s or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	Ge. DECEDENT'S US (Give kind of work life. Do NOT use n Executive	t done during mo attred.)	ost of working	Insura		STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) James L. Murphy					ME (First, Middle, Malde Cecilia M	obley		
10	190. INFORMANT'S NAME (Type/Print) Ms Virginia Rugem	ner				Route Number, City or To timore, MI			
	26a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Remo	ovel from State	PLACE OF DISPOSITI	ON (Name of ce	metery, cremetory or	20c. L	OCATION — CI	ty or Town, State	
	21. SINHATURE OF FUNERAL SERVICE AND	111	de, Dir 15/92			ceSt,Balto			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. C'ARCIN OM DUE TO (OR AS A C	th ilna.		ode of dying, suc	ch as cardiac or rea	piratory arre	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C A SC V D						ys us	
ERTIF	that initiated events resulting in death) LAST	1	onseovence ory.						
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	a contributing to death but	t not reaulting in	tha undarlyin	g cause given in		N AUTOPSY DRMED? 2 \(\sum \) NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SIAN:	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C	heck only one)			
YSIC	1 TES 2 NO								
X	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	M 1 🗆	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW			
		28e. PLACE OF INJURY -	- At home, farm, stre	et, factory, offi	ce	28f. LOCATION (Stree City or Town, Stat	end Number o	r Rural Route Number,	
ВУ	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify							
	4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowled	dge, death occurred					d. cause(e) end manner ee stated.	

CAUSE OF DEATH (ITEM 27) (Typo, Point)
3320 BENSON

32. REGISTRAR'S SIGNATURE

Russell

WILLIAM

APR 1

DHMH-16 Rev 1/89

4227

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	1 - STATE REGISTRAR	SIAIE UF N	CE	UEPAH ERTIF	ICAT	E OF	DEAT	AND I		YGIENE EG. NO.		United	.0052
	1. DECEDENT'S NAME (First, Middle, Lest)		FRAUCIS						2. DATE OF E			YEAR GI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in was less		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E			8. BIRTH	PLACE (State or Foreign
	217-07-4589	1 M 2 D F	78 .	'RS.	-110				-4-30		3	PEN	VSYLVANIA
œ	Sa. FACILITY NAME (If not institution, give				17.		R LOCATI				9c. COUN	TY OF DE	
Ō	FRANCIS SCOTT KEY	MEDICAL	CENTER			BALT	IMOR	E CI	TY				
DIRECTOR		De. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY	
	MARYLAND BA	LTIMORE				DUN	DALK					- 1	LIMITS?
FUNERAL	10e. STREET AND NUMBER						. ZIP COD				10g. CITI	ZEN OF W	HAT COUNTRY?
NEF	619 S. 46th STREE							212				u.s	S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN? (S _f	pecify Yes	or No-	14. RACE Black	- American Indian, White, etc.
ВУ	3√√ Widowed 4 □ Divorced	IF YES, GIVE W	AR OR DATES				NO XX					Specif	
	15. DECEDENT'S EDU	CATION	16a. DEG	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIN	D OF BUSI	NESS/IND	USTRY	WHITE
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(GA	ve kind of a Do NOT us	vork done se retired.)	during mo	s) of working	g					
AP.	6 YEARS	N/A		CAR	PENT	ER				COL	VSTRI	ICTIO)M
COMPLETED	17. FATHER'S NAME (First, Middle, Lent)						18. MOTI	NER'S NA	ME (First, Middle				201
BE	SAMUEL MOYER							MARI	E LITT	MAN			
5	19s. INFORMANT'S NAME (Type/Print)		19b	, MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Number, C	ity or Town,	State, Zip	Code)	
	SONDRA K STEPHEN 200. METHOD OF DISPOSITION	\$		44 C				ROAD		OWING			21918
	V[V Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	noval from State	20b. PLACE A cemetery, crer	natory or or	ther plecel	1			DATE	20c. LOCA			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	OAK L	AWN_(ZE.	NAME AN	4 -	17-1 BS OF FA	992	BALJ	IMOT	RE, A	MARYLAND
	100-	DC				DUDA	-RUC	K FU	NERAL				LK INC.
	23. PART i. Enter the diseases, or	nonnillantiona shari	no		-19	922	WISE	AVE	NUF D	UNDAI	K MI	2	
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pno	Se on each line.					ng, suc	ii aa cardiac	or reapin	atory arm	eut,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO	(OR AS A CONSEO	UENCE OF	7 :								
SERTI	that initiated events resulting in death) LAST	d			,. 								
	PART ii. Other algnificant condition	na contributing to					cause g	iven in	Part i. 24a.	WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	Renal Failure	CHE	GI BL	edi.	9,	Her	per !	Sto me	<u> </u>	MES 2 [COMPLETION OF CAUSE OF DEATH? 1 YES 2 AND
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATN (Ch	eck only one)				
YSI	1 TYES 2 THO	1 Impetient 2 -	ER/Outpatient 3	□ DOA	4 Nur		8 🗆 Re	aldenca	6 Other (Spe	ecify)			
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIMI INJ	E OF URY	28c. INJI WO	RK?		28d. DESCRIB	E HOW IN.	JURY OCC	URED	
BY	2 Accident Investigation	20- 81 405 01	F M1 H1004 A- 1				E\$ 2	NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At hone etc. (Specify)	ne, farm, s	treet, fact	tory, office			261. LOCATION City or Tox	N (Street and vn, State)	d Number	or Rural Ro	oute Number,
MPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												
BE	29h. SICANO PRE AND THE CENTRE	P					29c. LICE				29d. DATE	-	Month, Cy. Year)
2	30. NAME AND ADDRESS OF PERIOR WH	10	A.										
	31. DATE FILED (Month, Day, Year) APR 1	7 992 7 992	guie deis	bon ?	Books	R							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2's Nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DECEDENT'S NAME (First, Middle, Last)					0.	
50,000	2000	00		2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX G.A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	3 92	0.000
JOSHA JESSINI HOMOEN	1 M 2 F		ONTHE DAYS HOURS MIN.	(Month, Day, Year)	Cou	THPLACE (State or Foreign intry)
. FACILITY NAME (If not institution, give	street and number)		PL CITY, TOWN OR LOCATION OF		9c. COUNTY OF	DEATN
UNIVERSITY HOSP	ITAL		BALTIMORE			
LESIDENCE OF DECEDENT 10. STATE 10b. COUNT	TY	10c CITY	TOWN OR LOCATION			10d, INSIDE CITY
พิบ.			TIMORE CITY			LIMITS?
De. STREET AND NUMBER		DAL	10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
313 SPRINGDALE	AVENUE		21207		USA.	
. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED	13. WAS DECENDENT OF NISE If yes, specify Cuben, Max			CE — American Indian, ack, White, etc.
Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 VES 2 NO Spe			ecity:
15. DECEDENT'S ED		16a. DECEDENT'S US	SUAL OCCUPATION	16h KIND OF I	USINESS/INDUSTRY	BLACK
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of wor	rk done during most of working			
		UNEM	PLOYED			
FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maid	en Surname)	
JAMES RANDOLPH	MILES		JOAN	GREEN		
s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Run	al Route Number, City or To	own, State, Zip Code)	
LEANETTE MACK			PRINGDALE AVEN			
☐ Buriel 2 ☐ Cremation 3 ☐ Res		20b. PLACE AND DATE OF cemetery, crematory or othe ARBUTUS CE	r place)		LOCATION — City or	
SIGNATURE OF FUNERAL SERVICE &	SCENERE O	ARBUTUS CE	22. NAME AND ADDRESS OF		BUTUS, M	ARYLAND
· (IWa (4 1/2	/	JOSEPH H. BR	OWN JR. FL	NERAL HO	ME, P.A.
2 DADT i Enter the diseases on	2010	VV	1913 W. BALTIMOI	E ST. EALTO.	MD. 21223	P.O. DOX 44.
PART i. Enter the diseasea, or shock, or heart failure	List only one cause o	n each line	t enter the mode of dying, si	ich aa cardiac or rei	infretory arrest	Annoulmete
		n each ine.		7,120	printerly arrear,	Approximate interval Between
		C			poetory arroar,	interval Betwe
sease or condition		C	ion		prictify arreary	interval Betwe
sease or condition	EX OUV	MOT WE F	ion			interval Betwe
sease or condition suiting in death)	EX OUV	MOT WE F	ion			interval Betwe
sease or condition seuting in death) equentially list conditions, any, leading to immediate huse. Enter UNDERLYING	EX OUV	MOT WE F	ombossiops onedeficien			interval Betwe
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	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.
50. 11	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH LS 1992 4:35 PM
	4. SOCIAL SECURITY 2/9 40 53 74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOL	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER Benninghaus 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 1 Neve
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.) LABOR STRUCTURE CONSTRUCTOR
BE COM	17. FATHER'S NAME (First, Middle, Last) MILEVELL (18. MOTHER'S NAME (First, Middle, Meiden/Surname)
TO B	19a. INFORMANT'S NAME (Type/Prigt) 19b. MAILING ADDRESS Benninghaus Rd BALTO Md 2/2/2
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Commetter) Commetter seemelory of Direct place) 20c. LOCATION - City & Town, State 4 Donation 6 Other (Specify)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lock Franch Ware 1304 N Control
	23. PART I. Enter the diseasea, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death disease or condition
Z	DUE TO (OR AS A CONSEQUENCE OF): HERATIC CIRRHOSIS
CATIO	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury c.
CERTIFICATION	that initiated eventa resulting in death) LAST
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 UM AN IMMUNOUFFICIENCY 11 RUS 1 DECTION 1 YES 2 DOO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN: N	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
PHYSICIAN:	EXAMINER? 1 YES 2 0 40 OTHER: 1 OTHER: 4 Nursing Home 5 Rasidenca 6 Other (Specify)
BY PH	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO
ED	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLET	29s. CERTIFIER (Check only one) 1 DESTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED/(Month, Day, Year) 4/15/97
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WOFI NUAWO, GOOD SAMARITAN HOSPITAL
	31. DATE FILETI (Month, Div., Year) 111 1 21 32 CECUETE TO SIGNATURE

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a florar and draft. Prop. 6 may be retained by the attending physician and complete, the forest director, page 5 should be detained for use at the bonish of Norman after death with the State Dept. of Health and Merital Hygiene prior to burial. common, or manual director, page 5 should be detained for use at the bonish of Norman after death with the State Dept. of Health and Merital Hygiene prior to burial. common, or manual director, page 5 should be detained for use at the bonish MPORTANT. If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the manual examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

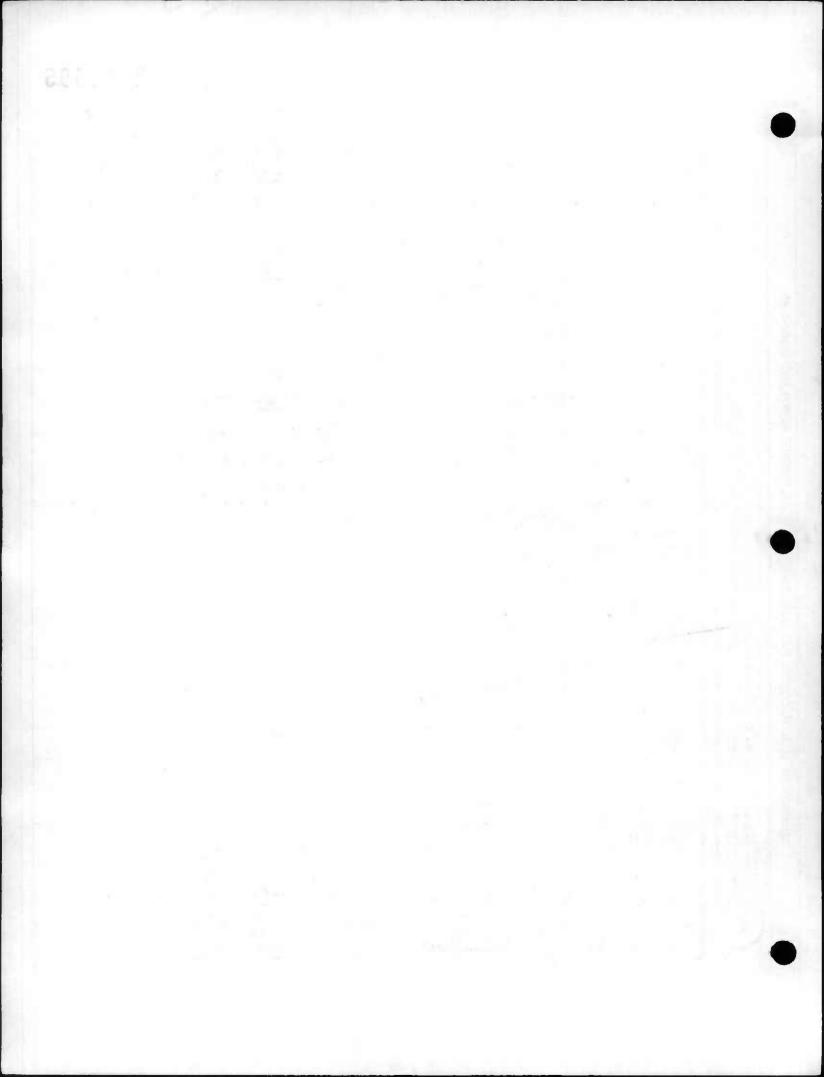
freely whom to since he was

31. DATE FILEO (Month, Day, Year)
APR 17 1992

32. REGISTRAR'S SIGNATURE Lia Savidson-Randall

or attending physician.	or use as the burial-transit permit. Pages 1, 2, 3 should	
within 2+ nours after death. Page 6 may be retained by the hospital	pletely filled in by the funeral director, page 5 should be detached it premation, or removal.	ent, the medical examiner must be notified at once.
A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-Yours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ns after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	m 28 is marked or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

A T A				2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
ADA	JOAN	MAURER		4 14	92 12:20
227-22-4335	□ M 2 🔀 F 7	O YRS. MONTH		7. DATE OF BIRTH (Morth, Day, Year) 5-15-21	8. BIRTHPLACE (State or Fore Country) VIRGINIA
a. FACILITY NAME (If not institution, give street 908 LANGLEY RD. RESIDENCE OF DECEDENT	t and number)		TY, TOWN OR LOCATION OF D LEN BURNIE		NNE ARUNDEL
Da. STATE 10b. COUNTY	ARUNDEL	GLEN I	OR LOCATION BURNIE		10d. INSIDE CITY LIMITS? 1 YES 2 N
00. STREET AND NUMBER 908 I.A	NGLEY RD.		10f. ZIP CODE 21060	10	U.S.A.
1. MARITAL STATUS 12 Never Merried 2 Merried 12 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, etc. Specify: WHITE
	College (1-4 or 5 +) IONE	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired HOME MAKI	ne during most of worlding 1.)	OWN HOM	
7. FATHER'S NAME (First, Middle, Lest) JAMES CLAUDE ELSWI	CK			AME (First, Middle, Melden Surr N RATLIEF	name)
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADOR	ESS (Street and Number or Rural	Route Number, City or Town, S	tere, Zip Code)
JOHN P. MESSAGE		1045 GEN	NINE DR. GLEN	BURNIE, MD	21060
0a, METHOD OF DISPOSITION X Burial 2 Cremation 3 Remova	of from State	other place)	(Name of cometery, cremetory or	72.9118.1	ION — City or Town, State
□ Donation 5 □ Other (Specify)	GI	LEN HAVEN M	EMORIAL PARK	4-17-92 GLE	N BURNIE, MD
1. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		2. NAME AND ADDRESS OF F		
D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4.6		SINGLETON F		
1.100	SHE!		1 SECOND AV	E. S.W. GLEN	BURNIE, MD 210
23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	npilications that geused it only one ceuse on e	i the deeth. Do not en ech iine.	ter the mode of dying, su	ch as cardiac or respirate	ory arrest, Approximat
MMEDIATE CAUSE (Final disease or condition resulting in deeth)	Ventri	cular y	Tullal	in de	Onset and
	DUE TO (OR AS A	CONSEQUENCE OF):	1). 1	V 2	D
		and the second	11	cen	POC
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Sequentially list conditions, fany, leading to immediate	DUE TO JOR AS A	CONSEQUENCE OF):	- Linger	Dis	day
Sequentially list conditions, b.	Ober	CONSEQUENCE OF:	anter	7 Mse	ared year
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Sequentially list conditions, f any, leading to immediate scales. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	contributing to death b	ut not resulting in the	26. PLACE OF DEATH #8 EFR: Variang Home 5 Presidence 28c. INJURY AT WORK? 1 YES 2 NO	Feek only one) 6 Other (Specify) 28d. DESCRIBE HOW INJU	D? AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO



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ALLENDING PRINCIPAN. THE LAW TENDINGS UNIT DESCRIPTION OF THE STATE OF THE STATE OF THE STATE OF THE HOSPILES OF STREET OF THE STATE OF	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit	de	os is marted or item 23 shows any injury or other traumatic event the medical examiner must be notified at once.
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2	5	10	0,

FUNERAL I within 72 h

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30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. 32. REGISTRAR'S SIGNATURE

wie Davidson Bandose

P. Malayaman,

7 1992

31. DATE FILED (Month, Day, Year)

Pages 1, 2, 3 should

92 10696 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF OEATH VEAD Tunney Priest April 1992 6:40 PM Ann 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthriav) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 🗌 M 2 🖵 F 214-18-9759 YRS. 01/21/ Maryland 9a. FACILITY NAME (If not institution, give street and number) Sh CITY TOWN OR LOCATION OF DEATH Se COUNTY OF DEATH DIRECTOR 223-B Preston Court Catonsville Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland Baltimore Catonsville 1 - YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 223-B Preston 21228 USA Court 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, stc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 XNO 1 Never Married 2 Married 1 YES 2 XNO Specify: Specify: BY 3 Widowed 4 Divorced White 16e. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Bookkeeper Office Management 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Surname) Callan William Thomas Tunnev Anna BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number City or Town, State, Zio Code) 2 Deborah C. Priest 219-B Garden Ridge Rd. BAlto., MD 21228 20b, PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE Metro Crematory, Inc. 4/17 Baltimore, MD 21. SIGNATURE OF FILLERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. George E. 299 Frederick Road MacNabb 21228 Balto. MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition and ver resulting in death) DUE TO JOB AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? diovasc dis COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? lala 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ng Homa 6 Residence 6 Other (Specify) 4 - Nurs 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CENTRE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE

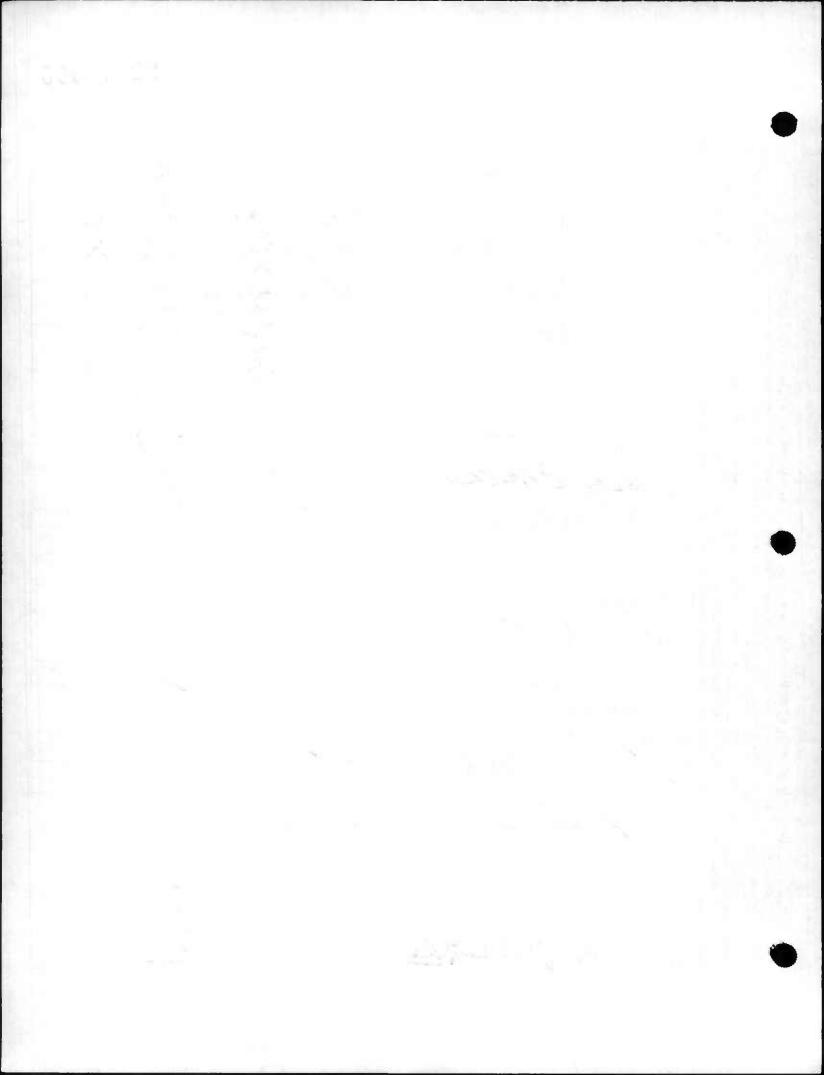
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4001 Wilkens Avenue Baltimore.

OHMH-16 Rev 1/89

1992

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permit. Pages 1, 2, 3 should

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BALLIMORE, MARTLAND ZIZIS-0020	24 hours after death. Page 6 may be retained by the hospital or attending physic	filled in by the funeral director, page 5 should be detached for use as the burial ion, or removal.	he medical examiner must be notified at once.
STATE OF STA	ATE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Oper. of Health and Mental Hygiene prior to burial, oremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

27. MANNER OF DEATH

BY

COMPLETED

BE 2

92 10697 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MARGARET E. POHE APRIL 1992 10:09 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS B. BIRTHPLACE (State or Foreign Country) 1 M 2 F MONTHS DAYS HOURS MIN 212-05-8736 YAS. 92 AUG 27,1899 MARYLAND Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE 1 T YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1139 SCOTT STREET 21230 S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11, MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 X Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY stary/Secondary (0-12) College (1-4 or 5 +) UNKNOWN CHURCH SECRETARY CHURCH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) FREDERICK W. POHE CLARA E. PRESSER BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY L. BRUNEAU POHE 74 TRINITY PLACE, NEW YORK, NEW YORK 20a. METHOD OF DISPOSITION
1

☐ Burist 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE WOODLAWN CEMETERY 4 Donation 5 Other (Specify) 4/18 WOODLAWN, MD 21, SIGNATURE OF FUNERAL SERVICE LICENSEE MAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition_ 1, Cardiac arrest resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 2, Terminal Carcinoma of the Ovaries with Metastasis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER 1 - YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 5 TRasidence 6 Other (Specify)

27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 4/14/92	28b. TIME OF INJURY 5AM M	28c. INJURY AT WORK? 1 YES 2 NO	26d, DESCRIBE HOW I	INJURY OCCURED	
3 Suicide 6 Could not be determined	26a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
	el: To the best of my knowledge, de on the bests of examination and/or i				nner as stated. Indicate to the cause(s) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	1 0 0		29c. LICENSE NU	MBER	29d. DATE SIGNEO (Month, Day, Year)	
, arbara	asolm	non /	1 D10472		4/16/92	

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. BARBARA A. SOLOMON - 8109 HARFORD ROAD - BALTIMORE, MD.

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)-7 1992

28a. DATE OF INJURY

DHMH-16 Rev 1/89

_		1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY G 3. THAE OF DEATH MONTH DAY G G G G G G G G G G G G G	
_		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. least birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Majnih, Days, Year) 7. DATE OF BIRTH (Majnih, Days, Year) 7. DATE OF BIRTH (Majnih, Days, Year)	
	OR	90, PACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	
	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COLY, TOWN OR LOCATION 100. INSIDE CITY	
		Pril 1982 NO	
nsit peri	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?	
020 physician. burlal-transit	FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Black, White, etc. 14. RACE — American Indian, Black, White, etc.	
oding s the	ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BLACK	
2121 al or atter for use a	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give littled of work done during most of working life. Do NOT use retired,) 16b. KIND OF BUSINESS/INDUSTRY (Give littled of work done during most of working life. Do NOT use retired,)	
YLAND 2. by the hospital of the detached for at once.	COMPL	Elementary/Secondary (0-12) College (1-4 or 5 +) BARMAID	
YLAN by the hos be detach at once,		17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)	
MARYLA retained by the 5 should be det notified at on	38 C	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	_
RE, M ay be ret page 5 s	2	CORNELIA FRYSON 5347 DENMORE AVENUE, BALTIMORE, MD. 21215	
LTIMORE, MARYLAND 2 ath. Page 6 may be retained by the hospital neral director, page 5 should be detached to miner must be notified at once.		20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of comments) 20b. PLACE AND DATE OF DISPOSITION (Name of comments) 20c. LOCATION — City or Twn, State	
BALTIMOR after death. Page 6 m. by the funeral director, moval.	į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A.	
E E S A		1913 W. BALTIMORE ST. EALTO. MD. 21223; P.O. 4433	
nours or re		23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition.) Approximate interval Between Onset and Death Conset and Death	
P.O. BOX 68760, and certificate be executed within 24 anding physician and completely fill. Hygiene prior to burial, cremation, or other traumatic event, the		oue to (or as a consequence of):	
2.O. BOX 687, or certificate be executed nding physician and con Hygiene prior to buriat, or other traumatic e	ERTIFICATION	Sequentially list conditions, if sny, leading to immediate Due to (or as a consequence of):	
certificate be ading physician bygiene prior to	FICA	CAUSE (Disease or injury that inflated events Out TO (OR AS A DONSEOUENCE OF):	
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ROS, For the death by the atter and Mental in July, o	CAL C	PART II. Other algnificant conditions contributing to death put not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?	35
O = 8 = 8	MEDIC	PERFORMED? COMPLETION OF CAUSE OF DEATH? PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL REC(e law requires has been signe Dept, of Heatit		1 VES 2 NO	
는 유유 등	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Ingestent 2 ER/Outpetlant 3 DOA A Number Noon 5 Position of Don Court	
II 으 등등	PHYS	27. MANNER OF DEATH 280. DATE OF INJURY (Month Day Very) 280. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	-
ON ON OING PHYS After this death with s marked,	BY	1 Natural 5 Pending	
TISI TTEN TOR: after	TED	3 Suicide 4 Nomicide Solution of the determined Solution of the determined Solution of the determined Solution of the determin	
DIV TAL OR A AL DIREC 72 hours 11 item	MPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.	\exists
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	8	WEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) and menner as stated.	
TO THE HOSPI TO THE FUNER be filed within	TO BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month. On You)	
		SERVER OF PERSON WITH COMPLETE CAUSE OF DEATH (IVEM 27) (Typo, Print) BUN SECOMS TEXT THE 2122	2
		APR 17 1992 Julia Buildon Angles	7

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR STENDING DAVEICIAN.

death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of a strending physician and completely filled in by the funeral director, page 5 should be detached for ental Hygiene prior to burial, cremation, or removal. arry, or other traumatic event, the medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 10699 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO WILLIAM EARL SHIPLEY 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3. TIME OF DEATH WILLIAM. SHIPLE 10.55P W 8 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 23 6. AGE (In pr 8. BIRTHPLACE (State or Foreign Country) 216-14-7760 1 M 2 F DAYE MARYLAND 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOME HOSPITAL BALTIMORE: CITY N/A --RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND ANNE ARUNDEL **JESSUP** 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7485 WIGLEY AVE. 20794 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 X Married BY 3 Widowed 4 Divorced W.W.II WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) OFFICER 15. OECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comp STATE OF MARYLAND DEPT. Elementary/Secondary (0-12) College (1-4 or 5+) 12 NONE OF GENERAL SERVICE HEALTH AND FIRE SAFETY 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EDWIN A. SHIPLEY RUTH D. DISNEY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 URSULA M. SHIPLEY 7485 WIGLEY AVE. JESSUP, MD 20794 20a. METHOD OF DISPOSITION
1 [XBurial 2] Cremation 3] Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE MEADOWRIDGE 4 Donation 5 Other (Specify) MEMORIAL PARK 4-18-92 ELKRIDGE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART il Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, bock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition MYDCARDIAL INFARCTION.

DUE TO (OR/AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS REPAIL OF ACT DIABETES; HEAVY I MOKEL WITH AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO VENTILATORY FAILNES; ACUTE RENAL FAILNEE OF DEATH? 1 TES 2 NO STATUS POST OF ADETICANEARYSM RESECTION PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSBITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER 1 YES 2 NO 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Nitural NO INJARY 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D189 an 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 100N BROADWAY GEORGE-K MOMAS , CHURCH MOSPCORP

> 32. BEGISTRAR'S SIGNATURE whia Davidson



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BALTIMORE, MARYLAND 21215-0020

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the med	

	REGISTRAN		CERTIFI	CALE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1	Tul			2. DATE 0 MONTH 0 4	DEATH DAY	9 15AR	3. TIME OF DEATH 05:42A M	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2		yrs. last birthday) _	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		E BIRTH Day, Year) 2-1925	Country	PLACE (State or Foreign) FIMORE, MD.	
TOR	Se. FACILITY NAME (If not institution, give street and num Church Hospital Co	1017		timere		90.00	OUNTY OF DE			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY	TOWN OR LOC					444 110005 6004	
L DIRECTOR	M D 10s. STREET AND NUMBER		No. or r	BALTI	MORE			10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	501 EAST PRESTON STREE	ET, APT.	619	1	21202			USA.	HAT COUNTRY?	
BY	1 Never Married 2 Married FORCE	ECEDENT EVER IN ES? 1 1 YES GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISP/ pecify Cuben, Mexic S 2 NO Spec	en, Puerto Ric	(Specify Yea or No- ean, etc.)	14. RACE Black, Specifi BLA		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during n	ION lost of working	16b. R	IND OF BUSINESS/I			
뒽			NUR	SING						
COMPL	17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S N	AME (First, Mid	idle, Maiden Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)						; City or Town, State,		0/0 T ATT 0/0	
	EVERETTE R. MOORE					, BALT	7		227, APT. 20	
	20a. METHOD OF DISPOSITION 1)C Burial 2 Cremation 3 Removal from S 4 Donation 6 Other (Specify)	tata ceme	PLACE AND DATE O stery, crematory or off STERN ST	ser placel		DATE	CATONS			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	00	a	JOSI	PH H. BH	ROWN JI	R. FUNERA	AL HOM		
CERTIFICATION	ahock, or heart failure. List pnly one cause on each line. Interval Batween Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or Injury that initieted events resulting in death) LAST LIST DRIVE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
N: MEDICAL	PART II. Other algorificant conditions contribu	the underlyl	ng cause given in		44. WAS AN AUTOPS PERFORMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO			
X	25. WAS CASE REFERRED TO MEDICAL			28. 1	LACE OF DEATH (C	heck only one)	-			
Sic	EXAMINER? 1 □ YES 2 ▼NO 1 I Inpati	AL: ent 2 ER/Outpa		OTHER:	me 5 - Residence		Snecify)			
PHYSICIAN:	27. MANNER OF DEATH 28s. (DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT		RIBE NOW INJURY (CCURED		
ВУР	1 Neturel 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation Investigation									
ETED	3 Suicide 6 Could not be 4 Nomicide determined	uliding, atc. (Specif	y)	- est, rectory, orn		City or	ION (Street and Numb Town, State)	or Hurti Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the ba								and manner as stated.	
ШСС	29b. SIGNATURE AND TITLE OF CERTIFIER				,29c. LICENSE NU				Month, Day, Year)	
TO BE	Sully A - Att	for 1	no	O-1-d	D377	125	> 29d. Di	04/	15/52	
	SABAH A. AL-	ATTA	RIMO	Ch	turch	Hosp	TAL	BALTI	HORE, MD	
	31. DATE FILED (Month, Day, Year) 32. RI	GISTRAR'S SIGNA	TURE	· · ·	•					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	40SPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate he executed within 24 hours
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=	OR
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4	Volanda Renee' Coles 2. DATE OF DEATH DAY 72	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Dey, Year) 4 - 8 - 69	RTHPLACE (State or Foreign unitry) H. 4
TOR	98. FACILITY NAME (N not institution, give street end number) 96. COUNTY O Ba H B	F DEATH
DIRECTO	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Batto	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	545 E 23 rd St 21218 U	F WHAT COUNTRY?
ВУ	1 Never Married 2 Merried FORCES 1 YES 2 NO If yes, specify Cuban, Mexican, Puerio Rican, etc.)	ACE — American Indian, leck, Whita, etc.
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	Y
E COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surmeme) Classifith Rules	
TO BI	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Parall Proute Number, City or Town, State, Zip Code, Charlotte Butler 545 E 23rd St Ba Ao, red 21	218
	20e. METHOD OF DISPOSITION 1 © Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cameles), grematory or other place) 4 Denation 5 Other (Specify) 4 Condition	wn, Kul
	21. SIGNATURE OF THE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harch T. H. Wost 43.00 Walbach Are	
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition a. Due TO (or as a consequence of):	Approximate interval Batwee Onset and Dea
ERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	
MEDICAL CE	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	
ВУ РНҮ	27. MANNER OF DEATH 27. Natural 5 Pending (Month, Day, Year) 2 Accident Investigation 2 Accident Investigation	
ETED E	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. LOCATION (Street and Number or Run City or Town, State)	al Route Number,
COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 3 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, dasth occurred at the time, date end place, and due to the cause.	e(e) end menner se stated.
TO BE	C/ad to College Me 1042351 >4/	EO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPETED CAUSE OF DEATH (ITEM 27) (Type, Print). Univ of mo Hosp 22 5 Greene St 30.11 mp 2n	67
	St. DATE FILED, (MONTH), Day, Year) 32. REGISTRAR'S SIGNATURE APR 18 1992 Sunia Savidon Randore	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 10701

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within IVISION OF VITAL RECORDS, P.O. BOX 68760, this certificate has been with the State Dept. of h leath with the S marked, or i After t O RECTOR: /

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN Collins P. Davison 1992 12:42 April M, q 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Virginia 225-20-3478 A May I'U, 1 K M 2 | F 65 1926 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Montgomery General Hospital DIRECTOR Olney Montgomery 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Rockville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4901 Bready Road 20853 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Noit yes, specify Cuban, Maxican, Puerto Rican, etc.)
 T YES 24 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Salesman 2 Insurance 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) Wilbur Davison Edna Erline Boxley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Elaine D. Davison Same as 10e. 20e. METNOD OF DISPOSITION

1 X Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Norbeck Memorial Park 4 Donation 5 Other (Specify) 4/18 Olney, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Muriel H. Barber Funeral Home 1400 P.O. Box 5038, Laytonsville, Md. 20882 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate ahock, or heart fallure. List only one cause on each line. interval Batwa IMMEDIATE CAUSE (Final Onset and Death disease or condition estir onc reaulting in death) S DUE TO (DR AS A CONSEQUENCE OF): 8 Mu CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING 10 h O Ca CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not reauting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Melliks PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WHO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES YONO Mipetient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATN DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED Natural 5 Pending Investigation BY 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, ferm, street, tectory, office building, atc. (Specify) 3 Suicide COMPLETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/sr investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER Lewis Kellert, M.D. BE 29d. DATE SIGNED (Month, Day, Year) 405 4 15 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lewis KellerT tonsuille Med mo 20832 4000 Olney Lac 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

BBM

31. DATE FILED (Month, Day,

APR

MEDICAL

CENTER
32. REGISTRAR'S SIGNATURE
Julia Davidson

1. DECEDENTIS NAME (First, Middle, Last)	4. 7	DAVIS	CATE OF D		AL /	y o'	3. TIME OF DEATH
1	5. SEX 6. AG			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) VIRGINIA
99. FACILITY NAME (If not institution, give stree LIBERTY MEDICAL CENTERS) RESIDENCE OF DECEMENT		1	BALTIM		EATH	9c. COUNT	Y OF DEATH
10e. STATE 10b. COUNTY MARYLAND			TOWN OR LOCATION	N			10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 7202 VALLEY COUNT	TRY COURT	APT. T4	10f. Z	21208			OF A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	ES 2 NO	If yee, speci		NC ORIGIN? (Specify Yein, Puerto Rican, etc.)	e or No-	Black, White, atc. Specify: BLACK
15. DECEDENT'S EDUCAI (Specify only highest grade co			SUAL OCCUPATION rk done during most retired.) C WORKER	of working	16b, KIND OF BU	SINESS/INOUS	
17. FATHER'S NAME (First, Middle, Lest) WALTER BEASLEY				IS. MOTHER'S NA	ME (First, Middle, Maider		
190. INFORMANT'S NAME (Type/Print) MRS. LORRAINE SCO	חדר				Acute Number, City or Tox		MD, 21208
20e, METHOD OF DISPOSITION 1 DE Suriel 2 Cremetion 3 Removie 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICER	al from State	20b. PLACE AND DATE Of Cemetary Crematory Of WESTERN ST	of disposition (A r other place) AR CEMET		20/92 BAI		ty or Town, State
> Lewis =	Hury	mn	LEWIS '	T. GWYN	N FUNERAL	HOME	21215-6393
23. PART I. Enter the disease, pr conshock, pr heart feliure. Lie immEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that deused prints an	te Myoc	LEWIS 4517 P	T. GWYN ARK HE of dying, suc	N FUNERAL IGHTS AVE	HOME BAI	21215-6393 TIMORE MARYLI
shock, or heart fellure. Lie IMMEDIATE CAUSE (Finel disease or condition	mplications the course or only one cause or our of the course or our output of the course or output or out	n eech line.	LEWIS 4517 P.	T. GWYN ARK HE of dying, suc	N FUNERAL IGHTS AVE	HOME BAI	21215-6393 TIMORE MARYLI
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shock, or heert fellure. List immediate cause in condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditione	DUE TO (OR A DUE TO (OR A CONTributing to death CONTributing to death DUE TO (OR A CONTRIBUTE TO (OR A CONTRIBUTE TO (OR A)	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dutpetient 3 □ DOA RY 28b. Time	the underlying to the underlyi	ADDRESS OF FA T. GWYN ARK HE a Df dying, suc Cause given in CE OF DEATH (CI 5 Residence	Part I. 24a. WAS A PERFC. 1 YES	N AUTOPSY PRMEO? 2 (2) NO	21215-6393 TIMORE MARYL tt, Approximate interval Betwee Onset and Deal 24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO

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7210 VALLEY COUNTY COURT TA DALES, S. D. STELL

MRS. BURRESSES SCOTT

PERTERS STAR CENTERY 4/20/92 BALTI WHELLASH

LEWIS T. CHYSH PUNELAG MOVE SIZES-0393

4517 PARK OFTON AVE. NATT ONE PARKED

free Thille

Shaff-man-

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

VA

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

21215

ALTO, MD. ZIZIS

1 X YES 2 NO

BLACK

Mills MD

Approximata

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

mu

AMAJLABLE PRIOR TO COMPLETION DF CAUSE

Onset and Death

92

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

USA

650A M

REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

2, DATE OF DEATH MONTH Holland 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 4. SOCIAL SECURITY NUM IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 1923 DAYS HOURS 16-12-0610 1 M 2 F 68 YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF CEATH Raven Veteran Ba Ho. DIRECTOR OSPI RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY ms Balti word permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 811 AVE POE 21215 filled in by the funeral director, page 5 should be detached for use as the burial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-24 nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS If yes, specify Cuben, Mexican, Pu 1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Merried BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 6+) 4urs notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SR James HOLLAND ALICE WHITEHEAD BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 A. 1184 AVE BALTO. YOE HOLLAND MD. 9 20e, METHOD OF DISPOSITION

1 A Buriel 2 Commatten 3 Per
4 Denation 8 Other (Specify) 20h PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE examiner must ON FOREST VET. Com. 4-20-92 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME-WEST 4300 WARASH AVE. medical 23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or leart fallure. List only one cause on each lins. 6 IMMEDIATE CAUSE (Final other traumatic event, the cremation, disease or condition resulting in death) Cardiac ha completely THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hydiene print in burnal managed. OUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician and con Dept. of Health and Mental Hygiene prior to burial, n 23 shows any Injury, or other traumatic en arcinomatosi CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF) colon ca 10(8 OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 (NO nt 2 ER/Outpetient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 4 🗌 Nun marked, or 27. MANNER OF CEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: Aft hours after deal tem 28 is n 3 Suicide 6 Could not be determined COMPLETED 4 Homicide MPORTANT: If Item 29e. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner on stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Klim -surgical Water Barre heresettice 223 9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, VA

As REGISTRAR'S SIGNATURE

A

31. DATE FILED (Month, Day, Year)
410 R/1/8/1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

OHMH-18 Rev 1/89



1070: 51

and the state of

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	1. DECEDENT'S NAME (First, Middle, Last)								
	1. SECULIARY STRAME (1 83), MIOOR, ESSY						2. DATE OF DEATH	DAY Y	3. TIME OF DEAT
	Dernice	Hollan	· d				4 1	6 9	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last bi		1	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Fo
	213-14-4110	1 - M 2 F	82	YRS. MONTHS	DAYS H	OURS MIN.	5-24-19	109	Country) Mel
	9a. FACILITY NAME (If not institution, give			9b. CIT	Y, TOWN OR L	LOCATION OF DI		9c. COUNTY	OF DEATH
8	Joseph Richert	tospice		B	01410	more		1	144
5	RESIDENCE OF DECEDENT							1	
DIRECTOR	10a. STATE 10b. COUNT	TY	1	Oc. CITY, TOWN	OR LOCATION	N			10d. INSIDE CITY
	149			139/5	to				1 XYES 2 -
₹	10a. STREET AND NUMBER	-	(10f. ZI	IP CODE		10g. CITIZE	OF WHAT COUNTRY?
FUNERAL	543 rress	Man 37						4	· S.A
5	11. MARITAL STATUS	12. WAS DECEDENT I		D 13.			IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No- 14	. RACE — American India Black, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			1 TES 2				Specify: Q)
	1-	1							place
<u> </u>	15. DECEDENT'S EOL (Specify only highest grad		(Give I	DENT'S USUAL O kind of work done NOT use retired.)	during most of	of working	16b. KIND OF BU	ISINESS/INDUS	TRY
ا ڌ	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use retired.)					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								
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BE	Jerman -	The Can			- 1	rydi	a Wa	Trins	
2	19a. INFORMANT'S NAME (Type/Print)	66	19b, M	ALING ADDRES	S (Street and I	Numbér or Rural I	Route Number, City or Tox	vn, Stata, Zip Co	de)
	Yvonne He	OD	1	206 (= HIV	4 57	Da No,	44	
	20s. METHOD OF DISPOSITION 1 Surface 2 Cremation 3 Rem	noval from State	cemetely, gremat	DATE OF DISPO	SITION (Name	01	OATE 20c LO	OCATION - City	or Town, State
	4 Donation 5 Other (Specify)		KIN	O LIGH	1 Hay	R	4-20-92 40	realls	stown, Hd
	21. SIGNATURE OF JUNERAL SERVICE LI	CENSE)	22	NAME AND	ADDRESS OF FA	I last		
	4 Jost 1	YINA	n	19	anch,	JP.H.U	allah of	1.0	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that c List only one cause a. OUE,TO to	Sp/1	Wor	r the moda		h es cardiec or reap	piratory arrest	Interval B
IFICATION	SHOCK, or near tellura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (o)	SON BACH IINA.	CAPONICE OF):	the moda			iratory arrest	Interval B
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E COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, OF Near Tellura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 YES 100 27. Malesto or Death 1 Netural 5 Pending Investigation 1 Netural 2 Accident 3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	a. OUE TO (O) b. DUE TO (O) c. DUE TO (O) d	RAS A CONSEQUE RAS A CONSEQUE	NCE OF): NCE OF): NCE OF): Iting in tha under the stigetion, in my description of the stigetion, in my description.	nderiying ca	ause given in E OF DEATH (Ch. 7 2 NO	Part I. 24a WAS AN PERFO	and Number or inner as stated, and due to the co	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH?
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIRECTAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSTON OFFICIALS THE Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNENT DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed written to the filled by the attending physician and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	92-2051-001								0		10706
	FOR STATE REGISTRAR	STATE OF MA			MENT OF H		MENTAL	HYGIEN REG. NO.	E 9	2	10706
	1. DECEDENT'S NAME (First, Middle, Las	nt)					2. DATE C	104	W	WEAR	3. TIME OF DEATH
	James	Edward			Is	er	04	11	199	2	3:45 Pm
1	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last b	′′	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		BIRTHP	LACE (State or Foreign
1	235-80-3667	1 💢 M 2 🗌 F	41	YRS.	ONTHS DAYS	HOURS MIN.	Sept	28 1	950	WV (Country)	
	9a. FACILITY NAME (If not institution, given	e street and number)		91	b. CITY, TOWN (OR LOCATION OF D	EATH		9c. COUN	TY OF DE	ATH
DIRECTOR	634 Columbia Av	e.			CUMBER	LAND			Alle	gany	
EC	10e. STATE 10b. COU	NTY		10c. CITY. T	TOWN OR LOCAT	ION				Τ,	IOd. INSIDE CITY
DIR	MD A	11egany			mberla					- 1	LIMITS?
	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZ		IAT COUNTRY?
FUNERAL	634 Columbia A	Venue				21502				S.A.	
N	11. MARITAL STATUS	12. WAS DECEDENT ET				ENDENT OF HISPA	NIC ORIGIN?	(Specify Yes		14. RACE -	- American Indian,
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR			If yes, sp	ecify Cuban, Mexic 2 X NO Speci	en, Puerto Ri			Black, Specify: Whi	White, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest an	DUCATION	16a. DECE	DENT'S US	UAL OCCUPATION	ON .	16b. i	KIND OF BUS	SINESS/INDU	JSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. D	o NOT use re	k done during mo etired.)	st of working					
AP	8		Car	pente	r		S	elf-e	mploy	ed	
Ö	17. FATHER'S NAME (First, Middle, Last)				<u> </u>	18. MOTHER'S NA	ME (First, Mi	ddle, Maiden	Sumame)		
BE	Arnold R. Is	er				Anita	G.	Stew	art		
	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILINO AD	ODRESS (Street a	nd Number or Rural	Route Numbe	r, City or Town	n, State, Zip	Code)	
2	Arnold R. Ise		3	36 V	irgini.	a Street	KE	yser,	WV	2672	6
	20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 R	emoval from State	20b. PLACE AN	DDATE OF C	DISPOSITION (Na	me of	DATE	20c. LO	CATION — C	ity or Town	n, Stata
	4 Donation 5 Other (Specify)	^	Cabin	Rún C		y Apr 16		2 Ke	yser,	WV	
	21. SIGNATURE OF FUNERAL SERVICE	DICENSER	11			D ADDRESS OF FA					
	10.10000	141	V		Rotru 85 So	ck Funer uth Main	al Ho	me	evser	1,717	26726
	23. PART I. Enter the diseases, o	or complications that ca	used the deat	h. Do not	enter the mo	de of dving, au	h as cardi	ac or reapi	ratory arm	nt.	Approximate
	shock, or heart fallur	e. List only one cause	on each line.								interval Between
	iMMEDIATE CAUSE (Final disease or condition	1	+KN16	ZIKY	a						Onset and Death
	resulting in death)	a. DUE TO (OR	AS A CONSEQU	STITU	9						
_		_	AS A CONSEGO	ENGE OF J.							
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR	AS A CONSEQU	ENCE OF1:							-
AT	if any, leading to immediate cause. Enter UNDERLYING										İ
띮	CAUSE (Disease or Injury thet initiated events	DUE TO (OR	AS A CONSEOU	ENCE OF):							
E	resulting in death) LAST	4									
8	and the same of th	0.									1
A	PART II. Other algolificant conditi	one contributing to de	sth but not rea	uiting in t	the underlying	cause given in	Part i.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
음							— 1	1 YES 2			COMPLETION OF CAUSE OF DEATH?
W							/	V.			YES 2 NO
ż										1 '	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (C/	eck only one)				
)S	TY YES 2 NO	HOSPITAL: 1 Inpetient 2 ER	VOutpatient 3		THER: Nursing Hom	e 5 💢 Rasidence	8 🗆 Other	(Specify)			
ξl	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day, 1)	URY :	28b. TIME O			28d. DESC	RIBE HOW I	YJURY OCCI	URED	
8Y F	1 Natural 5 Pending 2 Accident Investigatio	0///10/1	992	11:00		RK? ES 2 XNO	Subj	ect H	lung H	Iimse	lf
	3 Suicide 6 Could not t	28a PLACE OF IN	JURY At home	, farm, stre	et, fectory, offic		28f, LOCAT	TION (Street a			
	4 Homicide determined	634 Col		ve (HOME)		Cun	town, State)	nd Ma	rvla	nd
COMPLETED	29a. CERTIFIER , CERTIFYING PH	FEIGIAN: To the best of-my				and alone 4 :					
¥	(Check only 2) MEDICAL EXAM	NER: On the tasis of exami	in ion and/or inv	estigation i	in my polnion 4	eath occurred at the	Ilme deta	e(a) and man	mer an state	G.	and manner or stated
		1 6 1 6 1	1		, op.aou, u			preve, an			
BE	201. SIGNATURE AND TITLE DE CHINO	Thekil	1.1			29c. LICENSE NU					Aonth, Day, Year)
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Penn Street, Baltimore Maryland 21201

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS,	An ex-
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TO THE HOSPITAL OR ATTERNATION OF ATTERNATION OF INVESTIGATION OF INTERNATION OF

	FOR 1 • STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		ENTAL HYGIEN	E	2 10707		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	ARY	EH	K o	rnberg		pril 13		2 3:47 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IE LINDER OF LINE	2 DATE OF BURTH		BIRTHPLACE (State or Foreign		
	DODE Ba. FACILITY NAME (If not institution, give street		31 YRS.	MONTHS DAYS		May 15, 19	910	Poland		
œ	,	· ·		96. CITY, TOWN O	OR LOCATION OF DEA	тн	9c. COUNT	Y OF DEATH		
10	Physicians Memo	orial Hosp	ital	La Pla	ata		Char	les		
DIRECTOR	10e. STATE 10b. COUNTY Israel			Y, TOWN OR LOCAT		10d. INSIDE CITY LIMITS? 1 X YES 2 N				
FUNERAL	100. STREET AND NUMBER 59 Krinitzi			10	. ZIP CODE		10g. CITIZE Isra	N OF WHAT COUNTRY?		
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DEC	ENDENT OF HISDANIA	C ORIGIN? (Specify Yes	or No. 1	I. RACE — American Indian,		
₽	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp	ecify Cuben, Mexican, 2 NO Specify:	Puerto Rican, etc.)	0 10 1	Black, White, etc. Specify: White		
COMPLETED	15. DECEOENT'S EDUCA' (Specify only highest grade co	TION ompleted) College (1-4 or 5+)		USUAL OCCUPATION Work done during more retired.)		166. KIND OF BUS				
MPI	12 years		Book	keeper		Israel:	i Army			
00	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden				
BE	Raphael Kornberg					Markowiech				
10	19a. INFORMANT'S NAME (Type/Print) David S. Greenber	g	2144 V	ADDRESS (Street a	Way, Win	ute Number City or Tow ter Park,	n. State, Zip Co Flori	da 32789		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3X Removal from State 4 Donation 5 Other (Specify) Date Date Date Date Date Maalin Bakedesh Society 4/14/1992 Brooklyn, New York									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	<u> </u>	22. NAME AI	ND ADDRESS OF FACI	LITY				
	Donald C	/	nyer	232 C	ARROLL ST	REET NW	WASHIN	HOME, Inc.		
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	mplications that caused to st only one cause on ear	tha eath. Do r ch lina.	not enter the mo	de of dying, auch	aa cerdiac or reapi	ratory arras	t, Approximata Interval Between		
1	IMMEDIATE CAUSE (Final	A 1.	- 1	1.	. 1	. 7.		Onset and Death		
	disease or condition resulting in death)	14rten	SCIU	oric (Provosi	wa Dis	ieak	Hears		
N	Sequentially list conditions, b.	DUE TO (OR AS A C	CONSCOUENCE OF	r).				1		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A (CONSEQUENCE OF	F):						
E	that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	F):						
ER	reaulting in death) LAST									
- 1	PART II. Other algnificant conditions	contributing to death bu	t not resulting	n the underlyin	g cause given in P	art I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL		-000			3	RFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
						1] YES 2	NO	OF DEATH?		
2						- 1		1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Chec	t only one)				
SIC		HOSPITAL:	tlent 3 DOA	OTHER:	e 5 🗆 Residence 6					
H	27 MANNER OF OEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. INJ	URY AT	2ad. OESCRIBE HOW I	NJURY OCCU	REO		
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year)	INJ	M 1 .	RK?					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -	- At home, farm, s	street, factory, offic	•	28f. LOCATION (Street a	and Number or	Rural Route Number,		
E	4 Homicide determined	building, etc. (Specify	V)			City or Town, State)				
COMPLETED		AN: To the best of my knowled								
	296, SIGNATURE AND TITLE OF CERTIFIER	On the basis of exemination	and/or investigatio	n, in my opinion, d				cause(a) and manner as stated.		
TO BE	HMHOOK CL	cales (a. Depul	HAR	2	D-27348	ER	29d. DATE 9	13 RZ		
	30. NAME AND ADORESS OF PERSON WHO G		TH (ITEM 27) (Type,	4F I Wald	ndustra orf, Ma	il Park ryland 2	8864	e		

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) APR 18 1992

Mind to the Property

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL RATERION PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIFFERENCIAL INTERPRETATION HAS been signed by the attending physician and completely filled in by the I filed within 72 hours after death with the State Debt, of Health and Mental Hydere prior to burial, cremation, or removal.	IPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR			ENTIF	CAIL	UF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEATH
	Norman	E.	MITCH	IFI I				Apri	1		992	2:30 P M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is		IF UNDER	1 VEAR	IF UNDER 24 HRS.	7. DATE OF		<u> </u>		PLACE (State or Foreign
- 0	215-01-6321	1 X M 2 F	84	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, E	lay, Year)		Country)
				Tho.					9, 1907			to. Md.
	9e. FACILITY NAME (If not institution, give				9b, CITY	TOWN C	OR LOCATION OF D	EATN			NTY OF DE	
DIRECTOR	Franklin Square	Hospital				Ross	sville			Bal	timor	e County
5	RESIDENCE OF DECEDENT											
Ä	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN C	R LOCAT	TION					10d. INSIDE CITY LIMITS?
ā	Maryland	Baltimore		100			White M	larsh				1 TYES 2 X NO
	10s. STREET AND NUMBER					101	. ZIP CODE			10a CIT		HAT COUNTRY?
8	11616	Jerome Ave				1	21162					
FUNERAL											U.S.A.	
5	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
BY 1	1 Never Married 2 Married 3 Widowed 4 Divorced		AR OR DATES				2 NO Speci		eri, ww.,		Specifi	r
	3 Widowed 4 Divorced				1							white
	15. DECEDENT'S EDI		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON	16b. K	ND OF BUS	INESS/IN	DUSTRY	
1	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5		a. Do NOT us	vork done (e retired.)	during mo	st of working					
겁	8 yrs.	00110go (1-4 01 0 1		eutena	nt Of	fice	_	D.	1 4 2	- C-	D-11.	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		1,1	eutena	IIL OI	rice					Polic	e Dept.
8							18. MOTHER'S N			,		
BE	John C. Mitchel	L					Catheri	ne L. Wi	ldber	ger		
2	19e. INFORMANT'S NAME (Type/Print)		-11	Db. MAILING	ADORESS	(Street e	and Number or Rural	Route Number,	City or Tow	n, State, Zij	Code)	
F	Mrs. Kathryn M. Mitc	hell		116	516 Je	erome	Ave. Whit	e March	Md	2116	52	
- 1	20a. METHOD OF DISPOSITION		20b. PLACE					OATE			City or Tow	n State
- 1	1 17 Buriel 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	noval from State	cemetery, cr	ematory or o	ther place)			16-92			-	m, state
	21. SIGNATURE OF FUNERAL SERVICE L		Park	vood U					Pa	CKV11	le,Md.	
					22.	NAME AP	ND ADDRESS OF FA		FIS	eeahn	Dmer	al Home
	DE. F. Lass	opn			,,	750	n-1-/ na	_				at trains
	23. PART I. Enter the disesses, or		A d Ab d	5.			Belair Rd					
- 1	shock, or heert fellure.	List only one ceu	ise on each lin	eeth. Do r e.	iot enter	tne mo	de ot dying, suc	ch sa cardia	or respi	ratory sr	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Finel											Onset and Death
l l	disease or condition resulting in death)	End St	age Chr	onic	Obst	ruc	tive Pul	monary	Dis	ease		
ì	resulting in death)		(OR AS A CONSE									
-												
CERTIFICATION	Sequentially list conditions,	b. OUE TO	(OR AS A CONSE	OUENCE OF	า:							+
A	it sny, leading to immediate cause. Enter UNDERLYING				•							j
유	CAUSE (Disease or injury	C. DUE TO	(OR AS A CONSE	OHENCE OF	5.							<u> </u>
Ē	that initiated events resulting in death) LAST	502.10	(OII AG A CONSE	OOLHOL O	,.							
H H		d										
	PART il. Other significent conditio	ns contributing to	death but not	resulting	n the un	deriving	o cerree olven in	Dari I 2	a. WAS AN	AUTOBOV	245	WERE AUTOPSY FINDINGS
EDICAL				recording	iii tiie oii	derrying	g cause given in	Tallett. 2	PERFOR			AVAILABLE PRIOR TO
ă								1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
ME												1 YES 2 NO
<u> </u>												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T				26 PI	ACE OF DEATH (C)	and only one)				
힐	EXAMINER?	HOSPITAL:			OTHER		DACE OF CEATH (C)	reck only one)				
₹ I	1 YES 2X NO	1 N Inpatient 2			-		e 5 🗆 Residence	6 Other (S	(pecify)			
E	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM	E OF URY	26c. INJ WO	URY AT	28d. DESCR	IBE HOW I	NJURY OC	CURED	
ВУ	1) Natural 5 Pending				М		YES 2 NO					
		28a PLACE C	F INJURY - At h	ome, term, i	street, fact	ory, offic		28f. LOCATI	ON (Street a	ind Number	or Rural Ro	ute Number,
	a C a total	hadded -						City or	lown, State)			
	A COUNTY	building,	area (opoury)									
ETED.	3 Suicide 8 Could not be determined	building,						-	_	1		
APLETED	3 Suicide 4 Homicide 8 Could not be determined	BICIAN: To the best of	my knowledge, d									
OMPLETED	3 Suicide 8 Could not be determined	BICIAN: To the best of	my knowledge, d									and manner ee stated,
COMPLET	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	building, HCIAN: To the best of e	my knowledge, d				eath occured at the	time, date en		d due to ti	ne cause(e)	
BE COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	building, HCIAN: To the best of e	my knowledge, d				eath occured at the 29c. LICENSE NU	time, date en		d due to ti	E SIGNED	Month, Day, Year)
BE COMPLET	3 Suicide 4 Homicide 8 Could not be 4 Homicide CERTIFYING PNYS (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	BUILDING. HICIAN: To the bast of e	my knowledge, d	Investigation	n, In my o		eath occured at the	time, date en		d due to ti	ne cause(e)	Month, Day, Year)
E COMPLET	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER TAMAN J. V.	building, SICIAN: To the bast of e ER: On the basic of e	my knowledge, d xamination end/or	Investigation	n, In my o	pinlon, d	29c. LICENSE NU	time, date en	d placa, an	29d. DAT	E SIGNED (Month, Day, Year)
BE COMPLET	3 Suicide 4 Homicide 8 Could not be 4 Homicide 29e. CERTIFIER (Check only 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI Dr. Trinchetto	building. BER: On the basic of e R HO COMPLETED CAU! M. D. 900	my knowledge, d xamination end/or NO FEATH (ITT	Investigation	n, In my o	pinlon, d	29c. LICENSE NU	time, date en	d placa, an	29d. DAT	E SIGNED (Month, Day, Year)
BE COMPLET	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER TAMAN J. V.	building. BER: On the basic of e R HO COMPLETED CAU! M. D. 900	my knowledge, d xamination end/or NO FEATH (ITT	Investigation	n, In my o	pinlon, d	29c. LICENSE NU	time, date en	d placa, an	29d. DAT	E SIGNED (Month, Day, Year)

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs after death	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	The training the state of the Court Bank of Beatlet and Marchel Marchael and a beatlet annual as assessed
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FOR STATE REGISTRAR i. Page 6 may be retained by the hospital or attending physician.
ral director, page 5 should be detached for use as the burlat-transit permit. Pages 1. 2. 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the tuneral director, page 5 should be detached filled in by the tuneral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

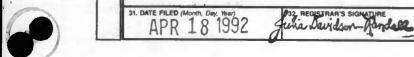
	1 - STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	ERBERT	L. M	ILER	2. DATE OF DEATH	DAY S YE	3. TIME OF DEATH 20:45Pm
	215-52-2404	5. SEX 6. AGE (In yr.	s. lest birthday) IF UND YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-25-1	C	IRTHPLACE (State or Foreign ountry) Ha
OR	9a. FACILITY NAME (If not institution, give . St Agnao	Hospital	9b. CI	ry, town or location of E	DEATH	9c. COUNTY (OF DEATH
DIRECTOR	10a. STATE 10b. COUNT	ΓY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	100. STREET AND NUMBER 9/5 Wicklo	w Road		101. ZIP CODE 2/2	29	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ND	NAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci	en, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc.
ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION 16a completed) College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	166, KIND OF B	USINESS/INDUSTI	NY .
COMPL		Byrs		The make a substitution			<u></u>
	17. FATHER'S NAME (First, Middle, Lest)	Hiller		18. MOTHER'S N	AME (First, Middle, Maide	n Surname)	
O BE	19a. INFORMANT'S NAME (Type/Print)	7111100	19b. MAILINO ADDRE	SS (Street and Number or Rural	Route Number, City or To	wn, State, Zip Code	0)
۲	Sharon lurn.	er-	915 4	Dicklow Ka	Balt) ped	21229
	20a. METHOD OF DISPOSITION 1 © Burlel 2 © Cremation 3 © Rer 4 © Donation 5 © Other (Specify)	moval from State cemeral	CE AND DATE OF DISP crematory ôr other place	Eidge Cem	4-16-92-13	2 Ho, H	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE L	D Acolt	_ 2	NAME AND ADDRESS OF F	West	rsh L	lue
	IMMEDIATE CAUSE (Finel	List only one cause on each	ilne.	er the mode of dying, au	ch as cardiac or rea	piretory arrest,	Approximata interval Batween Oneet and Death
	disease or condition resulting in death)	DUE TO (OR AS A CO		repolourus	shjechou		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF):	1 Lepstitis	dolla	a berile	760
RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):	" Repairs	vegac s	aparage	0.100
CE	PART ii. Other algnificant condition	na contributing to death but r	not resulting in the	underlying cause given in	Part i. 24a, WAS A	N AUTOPSY	24b, WERE AUTOPSY FINDINGS
MEDICAL						PRMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ ОТН				
HYS	t YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpaties 28a. DATE OF INJURY	1 3 DOA 4 N	28c, INJURY AT	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW	INJURY OCCURE	n
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?			
- 1	3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF INJURY - 4	At home, farm, street, fa	ctory, offica	28f. LOCATION (Stree City or Town, State	t and Number or Ri	ıral Route Number,
COMPLETED		SICIAN: To the best of my knowledge IER: On the basis of examination and					use(a) and manner as stated.
O BE CO	296. SIGNATURE AND TITLE OF CENTIFIE	de 17h)	29c. LICENSE NU	MBER DENT	29d. DATE SID	NED (Month) Day, Year)
=	RALHOCKA		(ITEM 27) (Type, Print) 00 Coto 4	AVE St.	Agnes	no, pi	tel
	APR 18 199	2 32. PROISTRAD'S SIGNATUR	-Randelle				

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TO THE HOSPITAL DR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMPORTANT: If item 28 is marked, or item 23 shows any Inlieny or what a standard or removal.

	FOR 1 - STATE - REGISTRAR	STATE OF MARYLAND		OF HEALTH AND	MENIAL HYGIENE	92 10710
	1. DECEDENT'S NAME (First, Middle, Last)	hus R. No	pel	OF DEATH	2. DATE OF DEATH MONTH	YEAR 3. TIME OF DEATH 92 0555A M
i Li	3/10-12-198	SEX 8. AGE (In yrs. In	YRS. MONTHS	THE MIN.	7. DATE OF BIRTH (Month, Day, Sapr)	B. BIRTHPLACE (State or Foreign Country) Ua
TOR	9a. FACILITY NAME (If not institution, give street Un', Vers', ty RESIDENCE OF DECEDENT	spital	By GITY,	TOWN OR LOCATION OF D	DEATH 9c. COU	INTY OF DEATH
DIRECTOR	100, STATE 10b, COUNTY		10c. CITY, TOWN O	FLOCATION TIMORE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2457 Shirley	, Are		101. ZIP CODE 2/2/	15	IZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	R. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO I	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic I VES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (DECEDENT'S USUAL OF (Give kind of work done of the Do NOT use retired.)		16b. KIND OF BUSINESS/INI	DUSTRY
111	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, Melden Surname)	
TO BE	100. INEGRMANT'S NAME (Type/Print)		96. MAILINO ADDRESS	Street and Number or Rural	Poute Number, City or Town, State, Zij	d 21215
	20e, METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State cemetely, c	ematory or other place)	Star Cen	4-21-92 Caton	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	narch	le	NAME AND ADDRESS OF FU UCL F. H. W 4300	wabash A	e
	23. PART-F Enter the diseases, or com- shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiopulmi	onard a	the mode of dying, such	ch as cardlec or respiratory ar	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, b. –	DUE TO (OR AS A CONSI	to parcialis	-		
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO OR AS A CONSI		at stump		Klmonth
O	PART II. Other aignificant conditions of	ontributing to death but not		deriving cause given in	Part I. 24a. WAS AN AUTOPSY	DAL WEST ALTROOV ENIMANO
BY PHYSICIAN: MEDICAL C	Diabetes Mell		Total III III III	denying cades giron in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICIAN:		OSPITAL:	3 DOA OTHER	26. PLACE OF DEATH (CI		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Pay, Year) 04/15/92	286. TIME OF INJURY 0555 M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A1 h building, etc. (Specify)	iome, term, street, tect	ory, office	28t, LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED					e to the cause(a) and manner as sta a time, date and place, and due to the	
BE C	296. BIOMATURE AND TITLE OF CERTIFIER	2 attent	traine sury	20c. LICENSE NU	MBER 29d. DAT	E SIGNED (Mogin, Dey, Year)



TO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1 - FOR STATE OF REGISTRAR		MENT OF HEALTH AND ME ATE OF DEATH	NTAL HYGIENE REG. NO.	92 10/11		
	1. DECEDENT'S NAME (First, Middle, Lest))+	2	DATE OF DEATH MONTH DAY	9 2 9 A M		
	4. SOCIAL SECURITY NUMBER 5. SEX 2 X 4 - 7 4 - 5375 M 2 X 5	33 YRS. MO	NTHE DAYS HOURS MIN.	DATE OF BIRTH (Month, Del Year) 59	8. BIRTHPLACE (State or Foreign Country) M D		
TOR	9a. FACILITY NAME (If not Institution, give street and number) Stella Maris Hospice RESIDENCE OF DECEDENT	CITY, TOWN OR LOCATION OF DEATI		Inty of DEATH ltimore			
DIRECTOR	MARYLAND PRINCE GEORGI		DWN OR LOCATION ELLVILLE		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	11804 FLORA LANE		101. ZIP CODE 20721		S. OF A.		
BY	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ADMED 1 YES 2 NO WAR OR OATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, F. 1 YES 2 NO Specify:	ORIGIN? (Specify Yes or No— ruerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12TH College (1-4 or 4 YEARS		done during most of working tired.)	16b. KIND OF BUSINESS/IN			
1 w	17. FATHER'S NAME (First, Middle, Last) JAMES EDWARD PARSONS		18. MOTHER'S NAME GRIZEL	(First, Middle, Melden Sumame) L HAYNIE			
TO B	190. INFORMANT'S NAME (Type/Print) MR. ALLEN R. NASH	19b. MAILING AO 11804 F	DRESS (Street and Number or Rural Rout LORA LANE MITCHE	Number, City or Town, State, Zi	Code) YLAND 20721		
	20. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal from Stata 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, gremetery, or other place) LOUDON PARK CEMETERY APK 21, 1992 BALTIMORE, MARYLAND						
	21. SIGNATURE OF FUNERAL SERVICE I CENSEE	vefnn	22. NAME AND ADDRESS OF FACILILEWIS T. GWYNN 4517 PARK HEIGH	FUNERAL HOME			
z	<i>E</i> .	ause on each line.	enter the mode of dying, such a		Interval Between		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF):					
MEDICAL C	PART II. Other significent conditions contributing	o death but not resulting in the	ne underlying cause given in Par	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	0	26. PLACE OF OEATH (Check				
1 1	27. MANNER OF DEATH 28a. DATE (☐ ER/Outpatient 3 ☐ DOA 4 [Nursing Home 5 Realdence SAX 28c. INJURY AT WORK?	d. DESCRIBE HOW INJURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE buildin	OF INJURY — At home, farm, stree g, etc. (Specify)	M 1 YES 2 NO t, tactory, office 28	1. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best 2 MEDICAL EXAMINER: On the best of	of my knowledge, death occurred at examination and/or investigation, in	the time, data and place, and due to t	he cause(a) and manner as star	ted.		
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER OLE	tarder	O 29c. LICENSE NUMBER D 27087		E SIGNEO (Month, Day, Year) 4 - 1 5 - 9 Z		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA Carla S. Alexander, M.D.	use of DEATH (ITEM 27) (Type, Prin Stella Maris I	Hospice-Dulaney	Valley RdTo	owson 21204		
	ADR 18 1992 June Day Day Day Day Day Day Day Day Day Day	AR'S ABINETIES		-			



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TANKER PARK CONSTITUT APR 24, 1992 BASTERIOR SAAYLAND

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DANN OF VITAL RECORDS, P.O. BOX 68/60,	TO THE "HOSPITAL OF ATTAINING PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIFFERENT ATTACKED TO State Deen signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after centh with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DAISON OF VITAL	TO THE HOSPITAL OF ATTENDING PAYSICIAN: The Is	TO THE FUNERAL DIFFERENCE AND THIS Certificate has be filed within 72 hours after death with the State De	IMPORTANT: If Item 28 is marked, or Item 2

	1 - FOR STATE 0	F MARYLAN	D / DEPART		IEALTH AND ME	NTAL HYGIEN		2 10712
	1. DECEDENT'S NAME (First, Middle, Last)				2	. DATE OF DEATH		3. TIME OF DEATH
	Ralph L. Pennewell					APRIL I		1534 H
	4. SOCIAL SECURITY NUMBER 5. SEX			IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
	2/4 - /8 = 4/98 1 XM 2 =		YRS.	ONTHS DAYS	OR LOCATION OF DEAT	Dec. 31,	1921 N	
Œ	PENINSULA REGIONAL MEDI			SALIS		Н	WICON	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT				20112		112002	
RE	10a. STATE 10b. COUNTY			TOWN OR LOCAT	TION			10d, INSIDE CITY
	MD Wicomico		Salis	bury				1 TES 2 NO
FUNERAL	Rt. 6, Box 940 Zion Re	had			ZIP CODE		USA	N OF WHAT COUNTRY?
JNE.		DENT EVER IN U.S	ARMED		21801 ENDENT OF HISPANIC	OBIOINS (Paralle, Ma		B105 1 1 1 1
	1 Never Married 2 Merried FORCES?	1 X YES 2	NO	If yes, sp	ecify Cuben, Mexican, F		or No	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Dispread	Army A		e ' ' ' ' '	2 NO Specify:			Soechy: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		. DECEDENT'S US		ON at of working	16b. KIND OF BU	SINESS/INDUS	TRY
	Elementary/Secondary (0-12) College (1-4 o		Itte. Do NOT use	retired.)				
MP	4	Ne	ews Bro	padcast	er	Radio	and T	V
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME			
BE	Franklin L. Pennewell 19a. INFORMANT'S NAME (Type/Print)		Service and the service and			t Massey		
2	Elsie T. Pennewell				nd Number or Aurel Aou			
	20e. METHOD OF DISPOSITION	20h Pl 4	CEAND DATE OF					, Md. 21801
	1 Description 5 Other (Specify)	cameten	crematory or othe	r nlacel	ery Apr			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		crgreen	22. NAME AN	ID ADORESS OF FACILI	TY		
	W. Sul Buck			Burb	age Funei	ral Home	, 108	Williams St.
	23. PART Entar the places, or complications	that caused the	desth Do not	Berlin	, Md. 21	811	Instant and	
	shock, or heart failure. List only one	cause on each	line.				natory arres	Interval Between
	disease or condition	LWRES	DI Pati	my +	achun	_		Onset and Death
	Touchting in Country	TO (OR AS A CO	1/					
N	Sequentially list conditions,							
CERTIFICATION	If any, leeding to immediate cause, Enter UNDERLYING	TO (OR AS A CO	NSEQUENCE OF):					
F S	CAUSE (Disease or Injury	TO (OR AS A COR	VSEQUENCE OF				-	
Ē	that initiated events resulting in death) LAST	10 (011 115 11 001	iscoverior or).					
CEI	d							
AL	PART II. Other aignificent conditions contributing	to death but n	ot reaulting in	the underlying	cause given in Par	rt I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8						1 TES 2		COMPLETION OF CAUSE OF DEATH?
ME						_		1 TYES 2 NO
PHYSICIAN: MEDIC								
<u>S</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Check	only one)		
ΙΥS		2 ER/Outpatien	R 3 🗆 DOA 4	☐ Nursing Hom	5 Residence 6			
4		OF INJURY h, Day, Year)	26b. TIME (WO WO	RK?	d. DESCRIBE HOW I	NJURY OCCUR	RED
BY	2 Accident Investigation 28s. PLAC	E OF INJURY A	it home, farm, stre		'ES 2 NO	r. LOCATION (Street	and thember as	Oracl Date Mark
	4 Homicide determined build	ng, etc. (Specify)		, , , , , , , , , , , , , , , , , , , ,	1"	City or Town, State)	ind Number of	norm noute number,
E	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best	t of our knowledge	death sessioned					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beele							euse(s) and manner se stated
	256. SIGNATURE AND TITLE OF CERTIFIER		711-75-5-1	, , ,				
BE	Myllelon				D 38/3	8	DATE S	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED (AUSE OF DEATH	(ITEM 27) (Type, Pr	rint)	V 3019		1/	01.7
	Thomas Brandon 1117	DAVIS ST			, md 2 180	j.	-	
	31. DATE FILEO (Month, Doy, Mad) 2 July REGIST APR 18 1992 July De	TRAD'S SIGNATUR	delle)				

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- parale weeks

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurst-transer nermin Page 1.2 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP CERT	ARTMENT OF HEALTH AND	MENTAL HYGIEN		10713
11	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	Cedric D.	Willrams		MONTH D	YEAR 92	3:30 AM M
		5. SEX 6. AGE (In yrs. last birthd		7. DATE OF BIRTH	a, BIRT	HPLACE (State or Foreign
	213 92 0282	185 M 2 □ F 29 YR	S. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	62 Count	m) Md
	9e. FACILITY NAME (If not institution, give stre	et end number)	9b. CITY, TOWN OR LOCATION OF E		9c. COUNTY OF	DEATH
6	Sinai Hospit	al	Batto			
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCATION			10d, INSIDE CITY
DIRECTOR	Md	1	3014			LIMITS?
	10e. STREET AND NUMBER	^	10f. ZIP COOE		10g. CITIZEN OF	
FUNERAL	5607 Norwoo	od Ave	21209	1	1 4.5	549
S.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yes	or No — 14. RAC	E — American Indian,
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexic		Spec	sk, Write, etc.
	15. DECEDENT'S EDUCA	TION		10.00		bruc
ETE	(Specify only highest grade of	ompleted) (Give kind	IT'S USUAL OCCUPATION of work done during most of working IT use retired.)	16b. KIND OF BU	SINESS/INDUSTRY	
3	Elementary/Secondary (0-12)	College (1-4 or 5+)				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Melden	Surneme)	
BE C	Jetry Willia	ms. Sr	Ruk	or Phill	105	
0 8	19a INFORMANT'S NAME (Type/Print)	19b. MAIL	ING ADDRESS (Street and Number or Rural	Poute Number, City or Tow	n, State, Zip Code)	
F	Kuby Williams	5760	17 Norwood	Ave Ba	1 to rea	1 21207
	20a, METHOD OF DISPOSITION 1 Ø Burial 2 Cremation 3 Remov	20b. PLACE AND DA come ery crematory	TE OF DISPOSITION (Name of	DATE 20c to	CATION - City or To	own, State
	Donation 6 Other (Specify)	FING	MEM Paric	4-17-94 Ma	ngalls	town, Md
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	22. NAME AND ADDRESS OF F	ACILITY		4
	Tala 71	yorch	Flater P. H.	300 Wa	bash	ave_
	23. PART I. Enter the disesses, or co	mplications that ceused the deeth. E st only one ceuse on each line.	o not enter the mode of dying, su	ch ea cardisc or respi	ratory srrest,	Approximata
	IMMEDIATE CAUSE (Final	•				Onset and Death
	disesse or condition resulting in death)	Vremia				1 yeur
		DUE TO (OR AS A CONSEQUENC	•			
		HIDE MEANA	opathy			14eur
S I	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE	r om.			
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	PIDS Nephr	E OF):			·
IFICATION	if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE				
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury				7.7.000	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	€ OF):			
AL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO (OR AS A CONSEQUENCE	€ OF):	1 Part I. 24s. WAS AN PERFOR). WERE AUTOPSY FINDINGS
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61 / 61 / 63

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFI	CATE O	F DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH 3. 1				
	William	Wor	sley	Jr.		04 13 1992				10:01	AM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH	T	_	HPLACE (State of		
	217-54-4253	1 📈 M 2 🗆 F	42	YRS.	MONTHS DAYS	HOURS MIN.	(Mon	3-1949		Count	Md Md	. Grangin	
	Se. FACILITY NAME (If not institution, give a		42					-3-1343					
œ						OR LOCATION OF D	EATH		9c. COU	NTY OF U	DEATH		
0	Mercy Medical Cen	ter			Balti	more							
ပ္ပ	10a. STATE 10b. COUNTY	,		10c CITY	TOWN OR LOC	ATION					Erot more o		
DIRECTOR											10d. INSIDE C	IY	
9		Do		1 YES 2 N									
ゑӀ	100. STREET AND NUMBER			11	Of ZIP CODE			_		WHAT COUNTRY	7		
FUNERAL	3413 Duvall A	venue			21216			U	SA				
5	11. MARITAL STATUS	12. WAS DECEDENT	YES 2 N	AED				ORIGIN? (Specify Yea or No				dlen,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		U		specify Cuban, Maxic S 2 X NO Speci		Hican, etc.)		Spec		96 -	
	3 Widowed 4 Divorced					Λ.					Black	<	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DEC	EDENT'S	ISUAL OCCUPA	TION	16	b. KIND OF BUS	INESS/IND	INDUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)			ork done during i retired.)	nost or working				- 3			
린			Sel	Self Employed				Store	Own	er			
0	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Maiden					
0	William Worsl	ev. Sr				Christ			,				
BE	19a, INFORMANT'S NAME (Type/Print)	3 /	196	MAILING	DDDESS (Share	t and Number or Rural			Ctata 7in	Code	i		
2	Christine Worsle	V	100	3413	Nuval	1 Avenue	Ralt	imara	Md	ete, Zip Code) Ad 21216			
	20a. METHOD OF DISPOSITION	J								-			
	1 Burtal 2 Cremation 3 Rem	oval from State	cemplery cren	ND DATE O	er place! ematory	Name of	0A		CATION -				
	4 Donation 5 Other (Specify)	Etipose	Metr	o tre				594 C	aton	S V 1 I	le, Md		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West												
	► 9 65111	4hr m	1)		4300	Wabash /		16					
	23. PART I. Enter the diseases, or o	complications that	caused the dea	th Do n					reton, se	- nd	1 Approvi		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Finsi disesse or condition	1/	1		114	moll.	#	/	1		Officet a	nd Death	
	resulting in death)	. Huma	cons	we	du	WY YOU	Hec	euru	2020	PCI	ely		
	Apple to (Great a COMMADDIENTE OF												
Z	Sequentially list conditions,												
۲I	If any, leading to immediate												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or Injury												
트	that initiated eventa Due TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAST												
EDICAL	PART II. Other significant conditions contributing to seath but not resulting in the underlying cause given							Part L. 24s. WAS AN AUTOPSY PERFORMED?		241	24b. WERE ALITOPSY FINDINGS MAILABLE PRIOR TO		
읽	- Mulity Melletill							T 786 2 □ NO			COMPLETION OF CAUSE OF DEATH?		
ΨI	1) 1.10.50										1 80		
ا :	1 VES 2 NO												
ا ≽	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF BEATH (C)	hands stade o	and a				_	
PHYSICIAN: M	EXAMINERY 1 D YES 2 NO	HOSPITAL:			OTHER:	Environment (1772)	THE PARTY OF	- S-2000				_	
₹	27. MANNER OF DEATH	28s. DATE OF I		attrice to the	The second second	me 5 🖂 Residence	***********	Action to the second					
ᆲ	Natural 5 Pending	(Month, De	(: Mint)	JIID. TIME	RY 1	HJURY AT FORK?	38d. 06	SCRIBE HOW II	MINN OOG	COMED			
B	2 Recident Investigation					YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF building, e	INJURY At hor Hz. (Specify)	ne, farm, st	rest, factory, of	toe	28E LO	CATION (Street at or Rwit)	nd Number	or Plurer	Houte Number,		
ËI	4 Somicide determined												
٦	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of a	TV knowledge, des	th occume	at the time de	ta and place, and du	n to the co	nuse(s) and man	ner ee etet	ad.			
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
8													
B	296. LICENSE NUMBER 29d. CATE SIGNED (Month, Day, Year)										ir)		
စ္	HI TU	O.C.M.E. 04 14 1992											
F	00. HAME AND ABORESS OF PERSON WIT	O COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)								
	PRANK J.	PERETI	[M11]	l Pen	n Stre	et, Balti	more	Maryl	and a	2120	1		
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAF	S'S SIGNATURE				-11VL	· AND Y do	aut _2				
	APR 18 1992	Julia Day	idson Pan	La Maria									
21		44											



William I

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at
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	FOR 1 - STATE REGISTRAR		ARYLAND / DEPA CERTII		OF HEALTH AND OF DEATH) MENT	TAL HYGIEI REG. NO		2	1071	5
	1. DECEDENT'S NAME (First, Middle, Leel Rozalia		Ambrazieiu	\$					YEAR 92	11:40 P	м
	4. SOCIAL SECURITY NUMBER 148-24-9303 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	6. AGE (In yrs. lest birthday.	MONTHS D	AYS HOURS MIN.	7. DAT (Md	TE OF BIRTH onth, Day, Year) -20-06	0-06 L.		ACE (State or Foreig	n
TOR	Citizens Nursing RESIDENCE OF DECEDENT			Frede	own or Location of	OEATH		Fred			
DIRECTOR	Maryland Fre			10c. CITY, TOWN OR LOCATION Frederick						Od. INSIDE CITY LIMITS? YES 2 \(\square\) NO	
FUNERAL	1900 Rosemont A				101. ZIP CODE 21702			unite		ates	
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1	EVER IN U.S. ARMEO YES 2 NO R OR DATES	YES 2 NO If yes, specify Cuban, Maxic			ANIC ORIGIN? (Specify Yes or No— 14. RAC Blee sen, Puerto Rican, etc.) Specify:			- American Indian, White, atc. White	1
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	(Give kind o	16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) Office Worker			nost of working Compu			usiness/industry ter Operator		
BE COM	17. FATHER'S NAME (First, Middle, Last) Gasparas Me	2 years acinskas			18. MOTHER'S N	name (First	kas	cenfe)	
TO	199. INFORMANT'S NAME (Type/Print) Mr. Marius Ambro. 200., METHOD OF DISPOSITION	se	6806 1	Forest	Park, Mt.	Air					
	1 Burlei 2 Cremation 3 Red 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		cometery, cremetory or	20b. PLACE AND DATE OF DISPOSITION (Name of completely, gramatory or other place) HOLY CLOSS CEMETERY 22. NAME AND ADDRESS OF F			N. Arlington, New Jerse ACILITY Stauffer Funeral Home				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Adarda L Lemmer 1621 Opossumtown Pike Frederick, Maryland 21701										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
1 1	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PRODUCTION OF THE PROPERTY AND AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS										
PHYSICIAN: MEDICAL		SEASE			1 TES 2 NO			COMPLETION OF CAUSE OF DEATH?			
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PA-NO	HOSPITAL:	2 0 000	OTHER:	PLACE OF DEATH (C						_
	27. MANNER OF DEATH 1 Natural 5 Pending	ER OE-DEATH 26a. DATE OF INJURY (Month, Dey, Year) 26b. TIME OF INJURY WORK? M 1 VES 2 NO.							AED		
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								e Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of my	y knowledge, death occur mination and/or investigati	red at the time, lon, in my opini	date and place, and du on, death occured at th	se to the c	suse(a) and me	nner as stated.	cause(a) ar	nd manner as stated	ı.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
					St. Fred	eric	k. Md.				
	George I. Smith Jr. M.D. 300 W. 9th St. Frederick, Md. 31. DATE FILED (Month, Day, 1987) MAR 1 6 1992 Julie Frederick Md.										

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ATTE	E #	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dent, of Heath and Mental Horlene prior to burial, cremation or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENTA	AL HYGIEN	-	12	10716	
	1. DECEDENT'S NAME (First, Middle, Last) BARBARA LYNNE BARTEE								2. DATE OF DEATH DAY			YEAR	3. TIME OF DEATN 12:10 194	
	4. SOCIAL SECURITY NUMBER 217-42-1829	5. SEX 1 ☐ M 2 ^N F	☐ M → MX F 48 YRS. MONTHS DAYE HOURS MIN. (Month, Day OCt.)		e OF BIRTH	943 BIRTHPLACE (Store Country) Washingt		Shington DC						
TOR	88. FACILITY NAME (If not institution, give a 2 QUAILWOOD PARKY RESIDENCE OF DECEDENT	LA I		A LOCATI	ON OF DE	EATN	9c. COUNTY OF DEATH CHARLIES			PEATN				
DIRECTOR	Maryland Charl		La Plata								10d. INSIDE CITY LIMITS? 1 🖾 XES 2 🗌 NO			
FUNERAL	#2 Quailwood Park		101. ZIP CODE 10g. CITIZEN 20646							WHAT COUNTRY? SA				
BY	11. MARITAL STATUS 1 Never Married 2 XX Merried 3 Widowed 4 Divorced	ver Married 2 X Married FORCES? 1 YES 2 NO				13. WAS DECENDENT OF NISPAN If yee, specify Cuban, Mexican 1 YES NO Specify							14. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	S EDUCATION grade completed) College (1-4 or 5+) Self em				s USUAL OCCUPATION work done during most of working ree retired.) Ployed				Building Suppl				
BE CON	17. FATHER'S NAME (First, Middle, Last) Robert E. Eckell						18. MOT	HER'S NA	ME (First,	Middle, Maiden .en Cra	Sumame) N for c	j		
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) #2 Quailwood Drive, La Plata, Md. 20646													
	26s. METHOD OF DISPOSITION 1 Sturial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Completing Crematory or other place) 1 Tinity Memorial Gardens 4-8 Waldorf, Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSES HUNTT MOO310 22. NAME AND ADDRESS OF EACULTY HUNTT FUNERAL HOME P. O. Box 156, Waldorf, Md. 2								206	04-0156				
23. PART I. Enter the diseased or complications that caused the death. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition peaulting in death) a. Allurosclutalte Cardisonasse.											Approximate interval Between Onset and Death			
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION														
PHYSICIAN: MEDICAL CE	PART II. Other algorificant condition	In the un	derlying	g ceuse	given in	Part I. 24a. WAS AN AUTOPS' PERFORMED?			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 2 TES 2 \(\subseteq \text{NO} \)					
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 N YES 2 NO 1 I operlant 2 ER/Outpettent 3 DOA 4 Nursing Nome SXResidence 8 Other (Specify)													
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	IE OF JURY M	28c. INJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE NOW INJURY OCCURED							
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and menner as stated.													
TO BE C	29b. 9 GNATURE AND TITLE OF CERTIFIER	Locho MD				29c, LICENSE NUMBER O.C.M.E.				ER 29d. DATE SIGNED (Month, Day, Ye ▶ 04/05/92				
	JAPAN LOCKE	MD	111 PEN	NN STF		ВАІЛ	IMOF	E,MA	ARYL	AND 212	201			
	APR 0 8 92		Davidson		72.									

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Marketon House

	FOR
-	STATE REGISTRAR

1 - STATE REGISTRAR		STATE OF M.			RTMENT (MENT	AL HYGIEN REG. NO.	E		10/1/
1. DECEDENT'S NAME (FIG	, Middle, Last)	Kenneth						2. DAT	TE OF OEATH	ĭ 0	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	B. AGE (In yrs. last	birthday)	IF UNDER 1 Y	-	NDER 24 HRS.		E OF BIRTH	7	8. BIRTHI	PLACE (State or Foreign
213-18-849		1 🕱 M 2 🗌 F	68	YRS.	MONTHS D.	AYS HOL	PS MIN.		onth, Day, Year)	23	Mary	yland
9a. FACILITY NAME (If not in Washington			1		9b. CITY, TO			DEATH		9c. COUN		
RESIDENCE OF DE		y nospita	<u> </u>		на	gers	cown			Was	hing	ton
10e. STATE	10b. COUNTY				Y, TOWN OR L							10d, INSIDE CITY LIMITS?
Maryland 10e. STREET AND NUMBER		ington		Н	agerst							YES 2 NO
723 Spruce		t				10f. ZIP	21740			10g. CITIZ	USA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2 XN		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yes, specify Cuban, Mexican, Puerto Rican, atc.) t ☐ YES 2 (XNO Specify:					es or No— 14. RACE — American Indian, Black, White, atc. Specity:		
(Specify on Elementary/Secondary (EDENT'S EDUC y highest grade 0-12)	College (1-4 or 5+)	(Giv	e kind of a	USUAL OCCU work done during se retired.)		rorking	10	6b. KIND OF BUS	INESS/INDU	whi	ce
17. FATHER'S NAME (First, A	Modelle Leath	0	V	reld	er							
Samuel Baker Florence Fisher												
Mazie V. Ba									mber, City or Town			0
20a. METHOD OF DISPOSIT 1 Burlal 2 Crematic 4 Donation 5 Other	n 3 🗌 Reme	oval from Stata	cemetery, crem	atory or o	of disposition ther place) 1 Ceme			1		CATION C		Maryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	2				FUNE.			Rerat	Own,	Halyland
150	SI	0000	lenne	1						gerst	own,	Md. 21740
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	mart fellure.	a	ceused the deep on each line.	ارسو	1	mode of	dying, au	ch as ce	rdiec or reapi	ratory arre	at,	Approximata Interval Batween Onaet and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju	diate NG	c	PR AS A CONSECU									
that initieted eventa reaulting in deeth) LAS	T .	d	H AS A CONSEQU	JENCE O	F):							
PART II. Other algolitics	nt condition	e contributing to d	eeth but not re	aulting	In the under	lying ceu	se given i	n Part I.	24a. WAS AN A PERFORM	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO) MEDICAL				2	B PLACE O	F DEATH (C	back only	nne)			
EXAMINER? 1 YES 2 NO		HOSPITAL:	R/Outpatient 3	DOA	OTHER: 4 Nursing							
27. MANNER OF DEATH		28a, DATE OF IN (Month, Day,		28b. TIM		. INJURY A			ESCRIBE HOW IN	JURY OCCU	IRED	
2 Accident 3 Suicide B	Pending investigation Could not be determined	28e. PLACE OF I	NJURY — At hom	e, ferm, s		YES	2 NO	281. LO	CATION (Street ar	nd Number o	r Rural Ro	ute Number,
		CIAN: To the best of m										
2 MEDI		R: On the beats of exer	mination and/or in	vestigatio	n, in my opinio	on, death o	ccured at th	e time, dat	te and place, and	due to the	cause(a)	and manner on stated,
29b. SIGNATURE AND TITLE	0	14001	y			29c.	2145	MBER		29d. DATE	SIGNED	Month, Day, Year)
ABOUL W	THEE	COMPLETED CAUSE	1610 -	27) (Type,	Print) KHILL	AV	e. H	LAGI	RJON	INO	un	2174-
31. DAMPR 113 079	92	22. REGISTRAR		A.								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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		FOR
1	_	STATE
1		REGISTRAR
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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF M	MARYLAND C	/ DEPART	TMENT (OF HEA	ALTH AND	D MEN	TAL HYGIEN	E	- Bridge	10118
1. OECEDENT'S NAME (First								2. D	ATE OF OEATN			3. TIME OF OEATN
Cheryl E	lizabet	h BARKEF	ELT					12	ONTH DA		992	M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	"	IF UNDER 1 Y		F UNDER 24 HR	8. 7. D/	ATE OF BIRTH		BIRTH	PLACE (State or Foreign
219-66-040		1 🗆 M 2 🔀 F	36	YRS.	MONTHS D	DAYS H	OURS MIN	1 4	forth, Day, Year)	955	Counti Hage:	rstown, Md.
9a. FACILITY NAME (# not in					9b. CITY, TO	OWN OR L	OCATION OF	OEATN			TY OF D	
Washington		Hospita	1		На	agers	stown			Wash	ing	ton
RESIDENCE OF DEC	10b. COUNTY		-	10c CITY	TOWN OR	LOCATION						
Maryland	Wasi	nington		100.011		hsbu						10d. INSIDE CITY LIMITS?
10s. STREET AND NUMBER		121160011			Omite	_	PCODE					1 YES 2 NO
Route 2	3ox 465						21783			10g. CITE		THAT COUNTRY?
11. MARITAL STATUS		2. WAS DECEDEN	FVER IN U.S. A	RMED								S.A.
1 Never Married 2 X 3 Wildowed 4 Divo	Merried	FORCES? 1 IF YES, GIVE W	YES 2 2	NO	If yes, specify Cuban, Mexican, Puerlo Rican, etc.) Biaci					Black Speci		
15. DEC	EDENT'S EDUCAT	TION moletad	16a, D	ECEOENT'S	JSUAL OCCL	UPATION		T	16b. KIND OF BUS	INESS/IND	USTRY	White
Elementary/Secondary (6		College (1-4 or 5 +		Give kind of we b. Do NOT use	ork done duri retired.)	ing most o	f working					
12				Hom	emake	r						
17. FATHER'S NAME (First, M	iddle, Last)					18	. MOTHER'S	NAME (Fir	st, Middle, Meiden S	Sumeme)		
	rhart						An			eckle		
190. INFORMANT'S NAME (1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					treet end !	Number or Rui	rel Route A	lumber, City or Town	, Stetu, Zip	Code)	
Carl W. Bar				loute		x 46		iths	burg, Ma			
20e. METNOD OF DISPOSIT	n 3 🗆 Remove	ol from State		AND DATE Of		ON (Name o		1		ATION —		
4 Donation 5 Other 21. SIGNATURE OF FUNERA		eec	Ceda	ır Law			4-13		Hage	rstow	m, l	Maryland
6	x/n	0	near	0					Minnich			
23. PART I. Enter the di	4000											Md. 21740
IMMEDIATE CAUSE (Findsease or condition resulting in desth) Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injusted initiated events resulting in desth) LAS	ons, diste			ARS IN QUENCE OF)	:	9	STAG	E]	V			Interval Between Onset and Death
PART II. Other significa	d	contributing to	deeth but not	resulting in	the under	rlying ce	euse given	In Part I.	24e. WAS AN A PERFORM	AED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		DOSSITAL .				26. PLACE	OF OEATN (Check only	r one)			
1 TES 2 NO		IOSPITAL:	ER/Outpatient		OTHER: 4 Nursing	Nome 5	Residenc		ther (Specify)			
	Pending reveatigation	26e. DATE OF ((Month, De	NJURY y, Year)	28b. TIME INJU	OF 284	c. INJURY WORK?	AT		DESCRIBE NOW IN	JURY OCC	URED	
3 Suicide 6	Could not be letermined	26e. PLACE OF building, e	INJURY — AI ho	ome, ferm, str	reet, factory,	office		29f. L	OCATION (Street an ity or Town, Stete)	d Number	or Rural A	oute Number,
29e. CERTIFIER (Check only one) 2 MEOI	IFYING PHYSICIA	N: To the best of a	ny knowledge, de emination end/or	eth occurred	at the time,	, date end lon, death	place, end d	ue to the	cause(s) and mennate and place, and	due to the	d.	and manner se stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	16.0				296	c. LICENSE N	UMBER		29d. DATE	SIGNED	(Month, Day, Year)
famale to	+ Bro	spro.	n-				1388	92		D 41	19/5	2
PAMELA FO	X BRAT		OF DEATH (ITE	M 27) (Type, F	HONE	Ju /	28.	HA	SERSTON	JN.1	MD	21740
APR 13 19	1	2. REGISTRAR	'S SIGNATURE	ut								

DHMN-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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the hospital	detached for		0000
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event the medical examiner must be motified at once
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death c	e attend	lental Hy	UN. OF
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requires	een sign	of Healt	Shows
The law	te has b	te Dept.	эт 23
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NG PHYS	ter this	ath with	marked
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IL DR A	L DIREC	2 hours	I Item
HOSPITA	TUNERA	vithin 72	ANT I
O THE	THE !	be filed v	MPORT
-	-	-	

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIFIC	CATE OF	DEA	T-	REG. NO).		
	Robert Eugene	Bloom						2. DATE OF DEATH D	AY O	YEAR 3. TH	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER t YEAR	_		7. DATE OF BIRTH		I. BIRTHPLACE	(State or Foreign
	314-14-2885	1 M 2 F	70	YRS.	ONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	921 4	uburn	Ind.
00	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN		ION OF DEA	тн		Y OF DEATH	
DIRECTOR	Union Hospital				Elkt	on			Cec	il	
IRE	10s. STATE 10b. COUNT				TOWN OR LOCA						INSIDE CITY
10.00	Md. Ce	cil		1	orthe	ast of ZIP COD	F		I son CITIZE	1 🗆	YES 2X NO
FUNERAL	211 Riverside	Drive					1901			SA	OUNTHY
P.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMEO	13. WAS DE	CENDENT	OF HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)	8 or No.— 14	4. RACE — Arr Black, White	nerican Indian,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			S 2 NO		Poerto Ricari, etc.)		Specify:	
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	War I	ECEDENT'S U	SUAL OCCUPATI	ION		16b. KIND OF BU	SINESS/INDUS	white	2
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -) #	e. Do NOT use							
MP	17. FATHER'S NAME (First, Middle, Last)	2 yrs.	не	тсор	ter me	-				anufa	cturing
								E (First, Middle, Maiden			
BE	Harold E. Blc 19a. INFORMANT'S NAME (Type/Print)	DOM	11	9b. MAILINO A	ODRESS (Street	and Number	dna (G. Armst ute Number, City or Tow	rong	ode)	
10	Helen M. Bloom							Northe			1901
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from Stala	cemetery, cr	ematory or other	DISPOSITION (N				CATION - CI		
	21. SIGNATURE OF FUNERAL BERVICE LS		Glenw	L boor	<i>lemori</i>		dns/	9/92 _{Bro}	omall	Pa.	19008
	Charlet !	W.C.	# M-00	784			OU OF IMOR	& Sons			
	Charles F. 23. PART I. Enter the diseases, or	Mealey	-	aeth Da aa	703	N. F	room	St. Wi	lm, De	1980	
	ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	aCor	e bero vo	e. esculo			notory arree		Approximate Interval Batweer Onset and Deatl		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO	OR AS A CONSE	OUENCE OF):							7.
T CE	PART II. Other elgolificant condition	o.	death but and							+	
PHYSICIAN: MEDICAL	PART II. Other algolificant condition	is contributing to	deeth out not	reauting in	the underlyin	g ceuse (given in Pr	1 T YES 2	MED?	COMPL OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION DF CAUSE ATH? FES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	LACE OF 0	EATH (Check	conly one)			
YSIC	1 TYES 2 NO	HOSPITAL:	ER/Outpatient		THER: Nursing Hon	ne 5 🗆 Re	sidence 6	Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, De		26b. TIME (IA MC	JURY AT DRK? YES 2		ed. OEŞCRIBE HOW II	NJURY OCCUP	REO	
	3 Suicide 6 Could not be 4 Hornicide determined	28e. PLACE Of building,	FINJURY — At h	ome, larm, atre	eal, lactory, offic	en .	2	61. LOCATION (Street a City or Town, State)	and Number or	Rural Route Nu	imber,
E 1	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.										
COMPLET	One) 2 MEDICAL EXAMINE										
O BE COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIE	Delide	v.\$			0 -	3322		29d, DATE S	IGNED (Month,	
	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIF	Celicle O COMPLETED CAUS	E OF DEATH (ITE			093	322		≥ 4/6 21921	192	

		y
RE, MARYLAND 21215-0020	nay be retained by the hospital or attending physician.	; page 5 should be detached for use as the burial-transit permit,
Œ	E	

92 1072	U
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1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTI			NTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, I Earl Hess Co					DATE OF DEATH MONTH D		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215~03-8188 90. FACILITY NAME (If not institution,	1 🙀 M 2 🗌 F	82 YRS. M	FUNDER 1 YEAR	MOLIDS MIN	DATE OF BIRTH (Month, Day, Year)	0.8	
Westminster	Nursing &	Conv.	Westm	inster		Carr	
10e. STATE 10b. CO	arroll	10c. CITY, 1		inster			10d. INSIDE CITY LIMITS? 1 YES 2 NO
211 Janice W				21158		U.S.	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [YES 2 NO	II yes, sp	ENDENT OF HISPANIC of the Cuben, Maxican, P			RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)		16b. KIND OF BU	00-00000000	
17. FATHER'S NAME (First, Middle, Las	")	pressma	an	16. MOTHER'S NAME		rly,	Inc.
Robert Colem	an	19b. MAILING AS	ODRESS (Street a	Emma M	iae Stoc		
Mrs. Doris C	oleman	211 Ja	anice	Way, Wes	tminste	r, MD	21158
20s. METHOD OF DISPOSITION 9. Burlel 2 Cremation 3 C 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		20b. PLACE AND DATE OF I correctory, cromptory or other WOOD LAWN	Cemet	ery 4	/9 Ba		
	K. Pritts.	Sr	Prit	ts Funer	al Home	& Ch	apel minster. M
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	_ h	R AS A CONSEQUENCE OF):	0CA20	IAC INF	FARCTI	ON	Onset and Dec
that initiated events resulting in death) LAST PART II. Other significant cond	d	A AS A CONSEQUENCE OF):	the underlying	g couse givan in Psi	rt I. 24e, WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 YNO	HOSPITAL:		THEN:	ACE OF DEATH (Check			
27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investige	28e. DATE OF IN. (Month, Day,	JURY 28b. TIME C	F 28c. INJ	RK7	d. DESCRIBE HOW I	NJURY OCCURE	ED
3 Suicide 8 Could no 4 Homicide determin	building, atc	NJURY — At homa, ferm, stre :. (Specify)	et, factory, offic	26	H. LOCATION (Street of City or Town, State)		ural Route Number,
one)		knowledge, death occurred intration end/or investigation,					use(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CER	11/11/11/11	ž		29c. LICENSE NUMBE	785	29d. DATE SIG	INSO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	who completed cause		heligte	rei loto	head of	Jer.	40211-7
31. DATE FILED (Month, Day, Year)	132 REGISTRANTS	SIGNATURE DE MENDE				7	

BALTIMOF DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-t8 Rev t/89

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permose filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nettified at once.

ĺ	-	FOR STATE REGISTR	AR
	1. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE O	F DEATH	REC	B. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OE	NTH	100.70	3. TIME OF DEATH
Edith Beatrice	Biles Corcor	an			April '	1, 1992	YEAR	15:25
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR		7. DATE OF BIRT	TH	8. BIRT	HPLACE (State or Foreign
197–18–4261	1 🗆 M 2 💢 F	O I YRS.	INTHE DAYS		7/2971			
9a, FACILITY NAME (If not institution, give	need- in-			OR LOCATION OF DE	ATH			DEATH
Union Hospital o	f Cecil Coun	ty	Elk	ton		C	ecil	
10e. STATE 10b. COUNT			OWN OR LO	CATION	-			10d. INSIDE CITY
Maryland Ceci	1		North	East				1 X YES 2 NO
				101. ZIP CODE		10g. CIT	TIZEN OF	WHAT COUNTRY?
10 Old Mill Plaz	a			21901			U.	S.A.
10. STREET AND NUMBER 10 Old Mill Plaz 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexical ES 2 NO Specify	n, Puarto Rican, a		Spec	offy:
		16a. DECEDENT'S US	UAL OCCUPA	TION	16b. KIND	OF BUSINESS/IN	IDUSTRY	
15. DECEDENT'S EDI (Specify only highest grad Etementary/Secondery (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	completed) College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during etired.)	most of working				
12	N/A	Secretar	y/Cle	rk	G	overnme	nt	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, I	Vaiden Surname)		
James Edward Hol	land			Selina	Curry			
		19b. MAILING AD	DRESS (Street	et and Number or Rural F	Poute Number, City	or Town, State, Z.	(ip Code)	
Selina B. Traine				North East	t, MD 2	21901		
20a. METHOD OF DISPOSITION 1X Burial 2 □ Cremation 3 □ Rar	novet from State	b. PLACE OF DISPOSITI	ON (Name of	cemetery, crematory or	2	Oc. LOCATION -	- City or T	own, State
4 Donation 6 Other (Specify)		Sharps Ce				Fair H	ill,	MD
21. SIGNATURE OF PUNETIAL BERVICE	meetines /	1		and address of fach Funeral				
> (lobal /	Any					- Mosel	h Eo	st. MD 219
Sequentielly list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	Kearet	Disease				
	0.							
PART II. Other algorificant condition Apremi Curoni	c Obstruction	Cresses and Constitution of the Constitution o			1.0	MAS AN AUTOPSY PERFORMED? YES 2 TNO	Y 24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
-8/PC	va -		,				B. BIRTHPLACE (State or Foreigner) Annapolis, MD INTY OF DEATH CCIL 10d. INSIDE CITY LIMITS? 1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		26 OTHER:	PLACE OF OEATH (Ch	eck only one)			
1 TYES 2 NO	1 🗆 Inpatient 2 🗆 ER/Ou	tpatient 3 DOA 4	☐ Nursing I	lome 5 🗆 Residence		-		
	28a. DATE OF INJURY (Month, Day, Year)		W YY	NURY AT WORK?	28d. DESCRIBE	HOW INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	26s. PLACE OF INJUS	IY — At home, farm, streedly)			281. LOCATION City or Town		per or Rura	Route Number,
(Orack Oray	SICIAN: To the best of my kno VER: On the basis of examinati							o(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ER .			29c. LICENSE NUI	MBER	29d. D/	ATE SIGNS	D (Month, Day, Year)
296. SIGNATURE AND TITLE OF CERTIFI	Serelida	3		D-23322				
30. NAME AND ADDRESS OF PERSON W			rint)	1= =====			, ,	
S.S. Sachdev,	MD 118 Nort	h Street	Elkto	n, MD 2	1921			
31. DATE FILED (Month, Ony, Year)				,				
APR 0.2 '92	32. BEGISTRAR'S SIG	m- Rando 00						



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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE (OF	MARYLAND	/ DE	PARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ER'	TIFICATE	0	F DEAT	TH		REG	NO

FOR STATE REGISTRAR		STATE OF M				F HEALTH AN		ITAL HYGIEN		-	101	to to
1. DECEDENT'S NAME (First,	Middle, Last)							ATE OF DEATH	AV		TIME OF DE	ATH
	RBARA	D.	CUR				C	04 0		92 1	0:11	рм
4. SOCIAL SECURITY NUMB		SEX	6. AGE (In yrs.	44	F UNDER 1 YE			ATE OF BIRTN Month, Day, Year)		B. BIRTNPLA Country)	CE (State or	Foreign
216-52-01 90. FACILITY NAME (If not ins		□ M 2 √X	49	YRS.		200	Se	p 7 19			LAND	
			2.5			WN OR LOCATION (OF DEATN		9c. COUN	TY OF DEAT	N	
FRANCIS SO		HOSPIT	AL		BAL	IMORE						
10e. STATE	10b, COUNTY			10c. CITY,	TOWN OR L	OCATION				100	I. INSIDE CIT	TY
MARYLAND	CE	CIL		RIS	SING	SUN				1 (LIMITS?	NO
10e, STREET AND NUMBER						101. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY	
152 WILSON						21911				USA		
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor	Married	2. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. YES 27 AR OR DATES	ARMED	If yes	DECENDENT OF NI I, specify Cuban, M YES 2 NO S	exicen, Pu		or No-	14. RACE — Black, W Specify]	American Inc hite, atc. HITE	dlan,
15. DECE (Specify only	EDENT'S EDUCAT	TION mpleted)	16e,	DECEDENT'S US	UAL OCCUP	PATION g most of working	T	16b. KIND OF BU	SINESS/INDU	ISTRY		
Elementary/Secondary (0-		College (1-4 or 5+	,	Ilfe. Do NOT use i	etired.)							
12			I	NSURAN	ICE A			INSUR				
17. FATHER'S NAME (First, Mic		O.T.Y						irst, Middle, Maiden				
ROBERT I		GIN		***				ET ROG				
ROBERT DUI		חשמשו				eet end Number or F					011	
204 METHOD OF DISPOSITION		FRED	CURTO	EAND DATE OF		N ROAD	-				911	
1 Burlel 2 Cremetlo	n 3 🗆 Remove	from State	cemetery,	crematory or other	r place)		1		CATION C			
21. SIGNATURE OF FUNERAL		SEE	TWES	T NOTI		E AND ADDRESS O			OLORA	A, MA	ARYLA	MD
1	2 0	11	Yan	10		T. FOA				Ξ		
23. PART I. Enter the dis	na or con	ppilostions that	Toward the	death De set	F	RISING	SUN,	MARYL	AND			
IMMEDIATE CAUSE (Find disease or condition resulting in death)	art tellure. Lia	Conf	action eacher	SEQUENCE OF):		Hom					Approxir interval I Onaat ar	Between
Sequentially list condition if any, leading to immediaceuse. Enter UNDERLYII CAUSE (Disease or Injurthat Initiated eventa resulting in death) LAST	liate NG ny c			SEQUENCE OF):								
PART II. Other significan	nt conditions o	contributing to	death but no	t reaulting in	the underl	ying couse give	n In Part	1 24a. WAS AN PERFOR	MED?	AVA COI OF	RE AUTOPSY ILABLE PRIOR IPLETION OF DEATH? TYES 2	CAUSE
25. WAS CASE REFERRED TO EXAMINER?					20	B. PLACE OF DEATH	(Check on	ly one)				
1 ¼ YES 2 □ NO		OSPITAL:	ER/Outpatient		THER:	Nome 5 - Reside	nce 6 🗆 (Other (Specify)				
27. MANNER OF DEATH		28e. DATE OF (Month, De	NJURY y, Year)	26b. TIME C	F 28c.	INJURY AT WORK?	-	DESCRIBE HOW I	NJURY OCCU	IRED		
	Pending nvestigation	04/01/	1992	9:45r) M 1	YES 2 NO	SE	LF INFL	CTED	GUNSH	OT WO	UND
	Could not be letermined	28e. PLACE OF building, a	tc. (Specify)	home, farm, stre				LOCATION (Strol) (a City or Town, State) ALTIMORE				STREE
						date end place, end in, death occured at					l manner se	atated,
and title	2	orke	M)		29c. LICENSE O.C.M				/02/1		
TLA RON	Lock	5, M)	111 PEN		REET BAL	TIMO	RE, MARY	LAND	2120	1	
APR 03 92	- '	12. REGISTRAF	'S SIGNATURE									

31. DATE FILED (Month, Day, Year)
APR 14 1992

NO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

18706 CASTWOOD
32-REGISTRAR'S SIGNATURE

Sinden-Rudal

	1. DECEDENT'S NAME (First, Middle, Last) DONMA	JUSING						2. DATI			YEAR	3. TIME OF DEATH 0740
	4. SOCIAL SECURITY NUMBER 219-36-2767	1 🗌 M 2 🔀 F	83	YRS.	F UNDER 1 YEAR	HOURS	MIN.	10·	of BIRTH th, Day, Year) -24-19(Countr	PLACE (State or Foreign) 'land
TOR	90. FACILITY NAME (If not institution, give Washington Count RESIDENCE OF DECEDENT				Hager		ION OF DI	EATH		Was		eath gton
DIRECTOR		ington			TOWN OR LO	CATION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	8614 Old Natio					101. ZIP COD	2171:	3			A.	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 A	MED NO	If yes,	ECENDENT C specify Cube ES 2 10 NO	no, Maxica	n, Puerto	N? (Specify Yes Rican, etc.)	or No- 1	4. RACE Black Speck	- American Indian, , White, atc. y: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8 VYS •	JCATION e completed) College (1-4 or 5+)	(G	ive kind of wo Do NOT use	SUAL OCCUPA ork done during retired.)	TION most of worki	ing		ersona			
BE COM	17. FATHER'S NAME (First, Middle, Last) Lewis Calvin	Schroye	r			18. MOT	HER'S NA	ME (First,	Middle, Maiden Ellen			ance
5	19a. ' FORMANT'S NAME (Type/Print) Arthur Burkett		191						Boonsl			21713
	20s. METHOD OF DISPOSITION 1-X Burlel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	20b. PLACE A cemetery, cre Rest I	AND DATE OF The forly or other Haven	DISPOSITION (er place) Cemete	Name of ery 4-	-13-1	1992	T - S - T -	cation - ci		m, Stata Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI Douglas A. F.	ion /			22. NAME	AND ADDRE	SS OF FA	CILITY				al Pike
		- 11 / (4004)	los A. F			t Fune						aryland
ICATION	23. PART I. Enier the diseasea, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	complications that could be considered to the course of th	ALYOCAR AS A CONSECUTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	DUENCE OF:	t enter the r	node of dy	ing, auc	h as cer		ratory arres		Approximate intervel Bets
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	complications that could be considered to the course of th	eused-the de Dn eech line MYOCA RAS A CONSEC	DUENCE OF:	t enter the r	node of dy	ing, auc	h as cer	diac or respi	ratory arres		Approximate intervel Betwoest and D
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. ACVIETO (OI b. AKISKI O DUE TO (OI c. DUE TO (OI d. DUE TO (OI	PAS A CONSEC	DUENCE OF):	t enter the r	one of dy	eng, auc	N,	SUSPE	AUTOPSY MED?	et,	Approximate intervel Bets
SICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	complications that of List only one cause a. ACUTEDUE TO (OID DUE	euses-the de Dn eech line MYOCA R AS A CONSEC R AS A CONSEC R AS A CONSEC esth but not n	DUENCE OF):	t enter the r	PLACE OF D	given in	Part I.	24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	et,	Approximate intervel Bets Onset and D S U P 674 WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
LC	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the cause.	Complications that of List only one ceuses a. ACUTE DUE TO (OI b. AKTONICO DUE TO (OI d. HOSPITAL: 1 Inpetiant 2 E 28a. DATE OF IN (Month, Day.	eused-the de Dn eech line Pn eech line RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC RAS A CONSEC	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	the underly the underly the underly 26. THER: Nursing Ho OF RY M 1	PLACE OF Dome 5 RINURRY AT MORK?	given in	Part I.	24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approximate intervel Bett Onset and E SUPPER STATE OF THE
ETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined	Complications that of List only one ceuse a. ACUTE DUE TO (OI D. AKTORIO DUE TO (OI d. DUE	euses-the de Dn eech line MYOCA RAS A CONSEC RAS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	the underly the underly the underly 26. THER: Nursing Ho OF RY M 1	PLACE OF Dome 5 RINURRY AT MORK?	given in	Part I.	24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approximate intervel Bett Onset and E SUPPER AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Netural 5 Pending investigation of Suicide 6 Could not be determined.	Complications that of List only one cause a. ACUTE- DUE TO (O) b. AKUTE- DUE TO (O) c. DUE TO (O) d	eused-the de Dn eech line MYOCA R AS A CONSEC R AS A CONS	DUENCE OF): DUENCE OF):	the underly the underly the underly 26. OF 28c. I RY 1 1 set, factory, of	PLACE OF D PLACE OF D One 5 R NJURY AT WORK? Tica	given in	Part I. Bok only o. City 28d. DE	24a. WAS AN PERFORM 1 YES 2 ATION (Street a or Yown, State)	AUTOPSY MED?	24b.	Approximate intervel Bets Onset and C S U P P P P P P P P P P P P P P P P P P

HAGE AS TOWN, M)

ALLENDING PHYSICIAN: The law requires that the beaut certained be executed whithin 27-hours after beaut. Age of findy be required by the troophian or attending physics	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-		
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9	ter	₽.	MAR
2	A	r de	
1	THE ST	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	26 is marked or item 23 shows any injury or other traumatic event the medical evaminer must be notified at once.
-	- (-)		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		Jay Edgar Dockte	er						
		FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIENI REG. NO.	E 9	2 10724
		1. DECEDENT'S NAME (First, Middle, Last)	Vtor				2. DATE OF DEATH	194	3. TIME OF DEATH
		100 - 100	SEX 6. AGE (In)	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)
	-	9a. FACILITY NAME (If not institution, give street Western Maryland Cen		Arro		R LOCATION OF DE	3-11-11 ATH	9c. COUNTY	
	CTO	RESIDENCE OF DECEDENT	ter-1300 Feilli.					WOLDLIE	
it. Pages	DIRECTOR	M) WASh,	ugton	11	Y, TOWN OR LOCAT	town			10d. INSIDE CITY LIMITS? 1 YES 2 NO
nsit perm	FUNERAL	100. STREET AND NUMBER 17945 REIFF	Church.	Rd	101	ZIP CODE	40	10g. CITIZEN	OF WHAT COUNTRY?
ling physician. the burial-transit permit. Pages	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	2 XNO		ecify Cuban, Maxican			RACE American Indian, Black White etc. Specify: WhatE
r attenduse as	ED	16. DECEDENT'S EDUCATI (Specify only highest grade corr Elementary/Secondary (0-12) 12 Years					16b. KIND OF BUS	siness/indust	
by the hospital or be detached for at once.	E COMPLET	17. FATHER'S NAME (First, Middle, Lest) Edgar Dockter		Cler	K	16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Bernice Dockter				nd Number or Rural R nurch Roa	doute Number, City or Town		Maryland
e 6 may be rector, page must be		20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ramoval 4 Depretion 5 Other (Specify)	I from State Re	LACE OF DISPO	sition (Name of cer en Cemete	netery, crematory or	20c. LO	CATION — City	
death. Page funeral dire		21. SIGNATURE OF FUNERAL BERNOCE LICENS		ch	²² NAME A	d N. Min	nich 305	N. Po	tomac Street n, Maryland
hin 24 where after d tely filled in by the mation, or removal.		23. PART I. Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsi	h Ilna.		de of dylng, auch			
certificate be executed within 2x- nding physician and completely fille Hygiene prior to burial, cremation. or other traumatic event, the	NOI	Sequentially list conditions, b. –	DUE TO (OR AS A C	STIVE	hear	1 fai	lurt		24°
ath certificate be exect thending physician and ial Hygiene prior to bui , or other traumatii	ERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C		vopo	tny			yrs.
ta the	CERTI	reaulting in death) LAST							1
requires that the sen signed by the of Health and M shows any inju	MEDICAL	PART II. Other algolficent conditions of	contributing to deeth but	t not reaulting	in the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The law te has are Dep	ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	LACE OF OEATH (Ch	_		
ING PHYSICIAN: The after this certificate eath with the State marked, or Item	PHYSICIAN:	1 VES 2 NO 1 27. MANNER OF OEATH 1 Neturel 5 Pending	Inpatient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED
TTEND TOR: A after d	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Specifi	- At home, farm,		1	28t. LOCATION (Street City or Town, State)	and Number or I	Bural Route Number,
TAL OR AL DIRI 72 hour 11 item	COMPLET	One)	IN: To the best of my knowle						suse(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 I	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			ONED (Month, Day, Year)
5 5 3 W	70	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF OEAT	~	e, Print)	17 40	810	1 4	111197

4201 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) , Jounes

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31. DATE FILEO (Month, Day, Year) aRIA

APR 1 3 1992

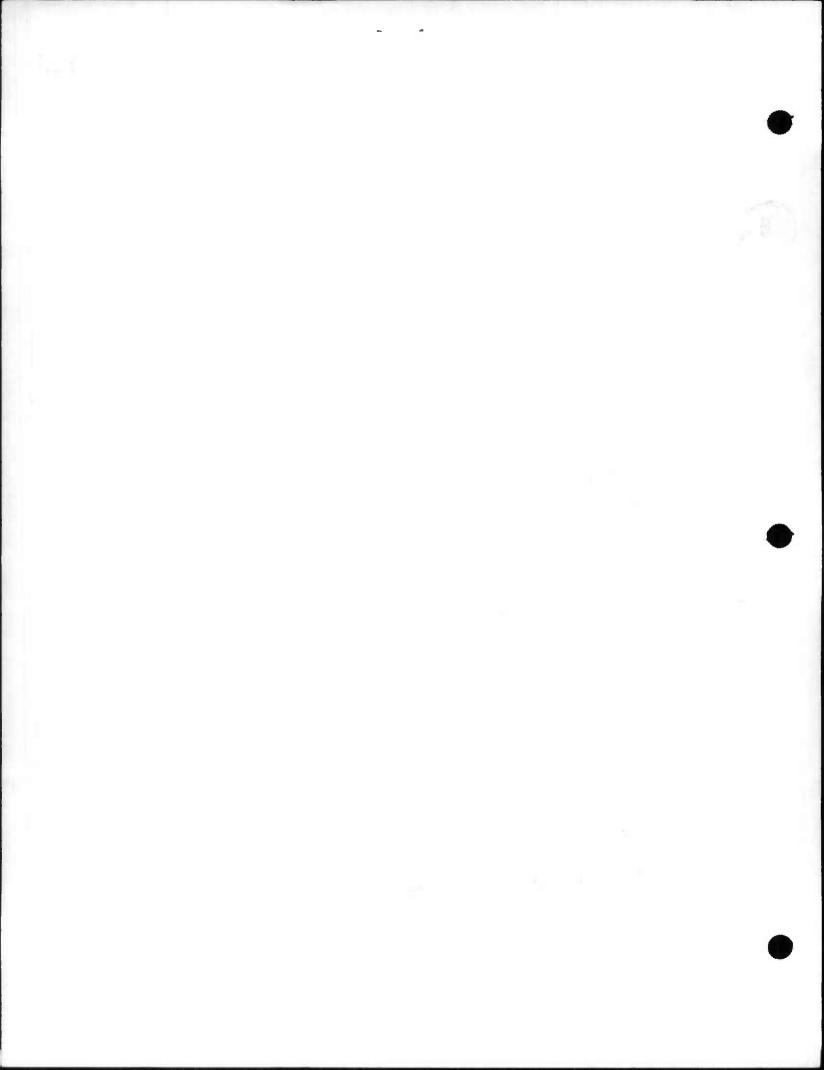
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OI	F DEAT	TH		REG. NO.

	3	SIAIE UF MAKY				OF DEATH	MENTA	REG. NO.			
1. DECEDENT'S NAME (First, M	liddle, Last)							E OF DEATH		YEAR 3	. TIME OF OEATH
Edna C.	Downs						Apri		992	YEAR	6:30 P.M
4. SOCIAL SECURITY NUMBER		11.17.51	E (in yrs. lest	MC	F UNDER 1 Y	YEAR IF UNDER 24 HRS.	(Mor	E OF BIRTH hth, Day, Year)		Country)	ACE (State or Foreign
072-22-7442		□ M 2 🔀 F	63	YRS.			1 4	. 19, 1			ns, N.Y.
9a. FACILITY NAME (If not instit						OWN OR LOCATION OF D	EATH		9c. COUN	TY OF DEA	TH
Laurelwood N	Jursing	Center		I	Elkto	on			Cec	cil_	
	0b. COUNTY			10c. CITY, 1	RO NWO	LOCATION				1	0d. INSIDE CITY LIMITS?
Maryland	Cec:	il		Nort	h Ea	ast					☐ YES 2 X NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
265 Irishtov						21901				S.A.	
11, MARITAL STATUS 1 □ Never Married 2 □ M		FORCES? 1 YE	8 2 N		If y	S OECENDENT OF HISPA as, specify Cuban, Maxic YES 2 NO Speci	an, Puarto		or No-	14. RACE - Black, Specify:	- American Indian, White, atc.
3 Widowed 4 Divorce			DATES		1 ''	TES Z NIO Speci	ny.			аресну.	White
	ENT'S EDUCATION IN THE PROPERTY OF THE PROPERT		(G)	Ve kind of wor	k done dun	UPATION ing most of working	16	Sb. KINO OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-1:		ollege (1-4 or 5+)		Do NOT use r	епеа.)		- 1	** - 7	L1. 0		:
12 17. FATHER'S NAME (First, Midd		/A	1/1	urse		16. MOTHER'S N	AME (El	Heal		ire	
Phillip	,							ces Smi			
19a. INFORMANT'S NAME (Typ			198	. MAILING AI	DDRESS (S	EALLICE I				Code)	
Raymond W.	Downs					own Road N					01
20a. METHOD OF DISPOSITIO 1 ☑ Burlal 2 ☐ Cremation		from State	20b. PLACE	OF OISPOSIT	ION (Name	of cemetery, crematory or		20c. LO	CATION —	City or Tow	
4 Donation 5 Other (S	Specify)	- 1	Imma	culate		art Cemeter	4	Lin	wood,	, PA	
21. SIGNATURE OF UNUAL	SEGWICELICENS					ME AND ADDRESS OF F		ome			
Koluf	7. C	1							North	ı Eas	t. MD 21901
iMMEDIATE CAUSE (Fine disease or condition resulting in death)	a	DUE TO (OR A	avlu S A CONSEC	UENCE OF:	- (Oil Nea 2					Interval Between Onset and Death
Compostally list condition					100						
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	iets IG c	DUE TO (OR A	bet	DUENCE OF):	wa	litus.	a	Kohl	Sn	n	
if any, isading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	c	DUE TO (OR A	S A CONSEC	DUENCE OF):				24s. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremarian, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MA	RYLAND / DEPAR CERTIF	ITMENT OF I		MENTA	L HYGIEN	E	
	CHIW NOTIC	rginia EYL	ER		2. DATE MONT Apr	of DEATH	1992	YEAR 3. TIME OF DEATH
	220-10-2096 200 16 2096	AGE (In yrs. last birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h, Day, Year) 20, 1		s. BIRTHPLACE (State or Foreign Country) Maryland
œ	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	TY OF DEATH
DIRECTOR	Washington County Hospit	al	Hager	stown			Was	hington
REC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
	Maryland Washington		Hagers					12 YES 2 NO
RA	222 Norway Avenue		10	21740			_	EN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DEC	ENOENT OF HISP	ANIC ORIGI	17 (Specify Ven		U.S.A.
В	1 Never Merried 2 Merried FORCES? 1 IF YES, OIVE WAR	YES 2 NO	If yes, sp	ecify Cuben, Mexic 2 X NO Spec	can, Puerto	Rican, atc.)	OF NO.	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a, DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATION WORK done during more retired.)	ON st of working	166	. KIND OF BUS	INESS/INDU	STRY
MP	0-12	rive	ter			airc	raft	
	17. FATHER'S NAME (First, Middle, Last) John L. Gerhart			18. MOTHER'S N				
BE	190. INFORMANT'S NAME (Type/Print)					isy D.		
2	Mrs. Peggy Forrest		ADDRESS (Street a					
	20a. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal from State	20b. PLACE AND DATE	OF DISPOSITION (Na	me of				ty or Town, State
	4 Donation 5 Other (Specify)	Rose Hil			4-1	4 Hag	ersto	wn, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							neral Home
	Probert Blank	<u>`</u>						stown, MD 21740
ATION	Sequentially list conditions, frame, leading to immediate	AS A CONSEQUENCE OF	arrest	nywrdia	ans	l-fibr.	llate	Interval Between Onset and Death I he mediate an 2 w/k s.
CERTIFICATION		AS A CONSEQUENCE OF						seux 154rs.
CAL	PART II. Other algnificant conditions contributing to dec					24a. WAS AN / PERFORE	WTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
ME						1 123 2	_ NO	OF DEATH?
PHYSICIAN: MEDI								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PL	ACE OF OEATH (C	heck only on	e)		
HYS	1 YES 2 NO 1 Impatient 2 ER 27. MANNER OF DEATH 269. DATE OF INJ		4 - Nursing Hom	5 G Residence	_			
ВУ Р	1 Neturel 5 Pending (Month, Day,) 2 Accident Investigation		URY WO	RK?	28d. DES	CRIBE HOW IN	JURY OCCU	REO
	I Peciality	JURY — At home, ferm, a (Specify)	treet, factory, office		28f. LOC	ATION (Street er or Town, State)	nd Number or	Rurel Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of examiner.	knowledge, death occurre	d at the time, date	end place, end du	e to the cau	se(e) end manr	ner se stated	ceuse(e) and menner ea stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU				BIGNEO (Month, Day, Year)
TO BE	Rechard Extract, in			D104	-		-0.	ind 11, 1992
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF RICKARD E. Smith, M. (F DEATH (ITEM 27) (Type,	Print)			-4		21740
	31. DATE FILED (Month, Day, Year) APR 1 3 1992 APR 1 3 1992	SIGNATURE	- 4 1 111	1415	1300 10	rroun	TH/	21740

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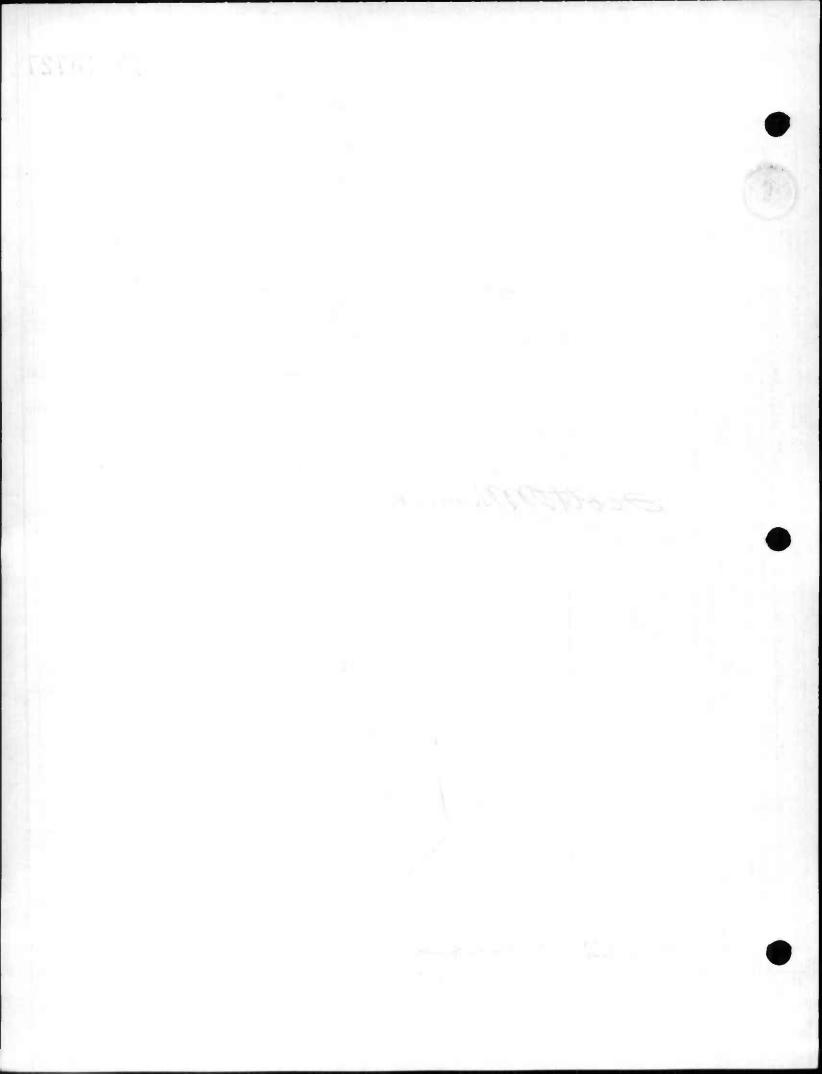
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	REGISTR	AR
I	1. D	ECEDENT'S	NAR
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REGISTRAR DECEDENT'S NAME (First, Middle, Las	at)					2.0	ATE OF DEATN			a THE OF BEATH
Mary Ruth	b EV	ANS					D HTMO	MY	YEAR	3. TIME OF DEATN
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	s. 7. D	4 10 ATE OF BIRTN		92 a BIRT	8:10 A NPLACE (State or Foreign
182 22 9931	1 M 2 TF	9.	7 YRS.	MONTHE DAYS	HOURS M		fonth, Day, Year)	394	Count	chester,
. FACILITY NAME (If not institution, give	e street and number)		,	9b. CITY TOWN	OR LOCATION (10 10	9c. COUN		
Ravenwood Luth	eran Vill.	200				DEATH		2.1/2		
ESIDENCE OF DECEDENT	eran villa	age		nage	erstown			W	vasn	ington
o. STATE 10b. COUN	NTY		10c. CIT	Y, TOWN OR LOCA	ATION					10d. INSIDE CITY
Maryland N	Washingtor	1	1	Hage	stown					LIMITS?
He. STREET AND NUMBER				1	Of. ZIP CODE			10g. CITIZ	ZEN OF	WHAT COUNTRY?
842 Hamilton Box	ulevard				2174)		US	SA	
. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	MMED	13. WAS DE	CENDENT OF HI	PANIC OR	IGIN? (Specify Yes		14. RAC	E - American Indian,
Never Married 2 Married	FORCES? 1	YES 2 Z	NO	If yes, s	pecify Cuban, M. S 24 NO S	xican, Pue	rto Rican, etc.)		Spec	k, White, etc.
Wildowed 4 Divorced						ouny			Spec	"White
15. DECEDENT'S Et (Specify only highest gra	DUCATION ide completed)	16a. D	ECEDENT'S	USUAL OCCUPAT	ION		16b, KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		te. Do NOT us	se retired.)	ost or working					
12							-	-		
FATHER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (FI	st, Middle, Melden	Sumame)		
John L. Ford					Sar	ìh		Warne	er	
. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street	and Number or R	iral Route f				
John E. Evans, S	Sr.		11926	6 Wesley	Drive	Hag	erstown	. Mar	vla	nd 21740
METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSITION /A	lame of	1	ATE 20c. LO			
Burial 2 Cremation 3 Ra Donation 5 Other (Specify)	moval from State	Rose	rematory or of	Cemeter	v 4-1	-92		rstow		- C-11::
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PART I. Enter the diseases, D.	r complications that	Cassed the d	leath. Do n	22. NAME A	ND ADDRESS O	n B1	Minnic vd. Ha	h Fun gerst	era own	1 Home , Md. 217
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31. DATE FILED (Morith, Day, Year)
APR 13 1992



DECEDENT'S NAME (First,		-						2. DATE OF DI	DAY	YEAR	3. TIME OF DEATH	
WilliA			FRAN				_	04	08	92	0001	
I, SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HP		7. DATE OF BII (Month, Day,		8. BIRT	HPLACE (State or Foreign stry)	
162-46-4832	-	1X M 2 □ F	24			1700MS WM		FEB.21	,1968	WAY	NESBORO, P	
Be. FACILITY NAME (If not in	stitution, give si	treet and number)			9b. CITY, TOWN	OR LOCATION O	F OEA	ATH	9c. CO	DUNTY OF DEATH		
FREDERICK M		L HOSPI	FAL		FREDER	ICK, MI						
RESIDENCE OF DEC		19c. CITY, TOWN OR LOCATION							10d. INSIDE CITY			
PENNA.	WAYNESBORO							LIMITS?				
PENNA. FRANKLIN 100. STREET AND NUMBER 12106 BAYER DRIVE WAYNESBOR				WA		DI. ZIP CODE	_		100 0	TIZEN OF	WHAT COUNTRY?	
				DA DA	1.5	17268			1.54	-S-A		
	DICTAL							C OBICIARS #-	ecify Yea or No-	1	CE — American Indian,	
Never Married 2	MARITAL STATUS 12. WAS DECEDENT EVER IF FORCES? 1 YES				If yes, s	pecify Cuban, Ma S 2XX NO S	xican.	, Puerto Rican,	atc.)	Bla	ck, White, etc.	
15, DEC	EDENT'S EDU	CATION			JSUAL OCCUPAT		_	16b. KING	OF BUSINESS/II	NDUSTRY		
(Specify only Elementary/Secondary (0	y highest grade 3-12)	completed) College (1-4 or 5	-	(Give kind of we life. Do NOT use	ork done during n retired.)	nost of working						
12				ARPENT	ER			GEES	AMAN CO	NSTR	UCTION	
7. FATHER'S NAME (First, M	fiddle, Last)					18. MOTHER'S	NAM	E (First, Middle,	Maiden Surname)		
BRUCE WILL	IAM HA	RVEY FRA	ANCIS, 3	JR.		DELC	RE	S MAE	KRAMLIC	K		
9a. INFORMANT'S NAME (7					ADDRESS (Street							
DDWGD TD			196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 12106 BAYER DRIVE, WAYNESBORO, PA. 17				(0					
BRUCE FRAN	ICIS	BRUCE FRANCIS		12106	BAYER	DRIVE.	WA	YNESBO	KO, PA.	1/2	68	
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32. REGISTRAR'S SIGNATURE

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IMPORTANT: 11

DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	 DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati
DIVISION OF VITAL RE	L OR ATTENDING PHYSICIAN: The law requ	DIRECTOR: After this certificate has been hours after death with the State Dept. of i

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH George 1992 Edgar Fagan March 0959 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Octa 31 Country) Maryland 214-10-5633 MM 2 F 86 1905 9e. FACILITY NAME (# not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Frederick Memorial Hospital Frederick Frederick FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY UMITS? 1 XYES 2 NO 10c. CITY, TOWN OR LOCATION Maryland Frederick Frederick 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 12 Mount Olivet Blvd. 21701 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married II yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: specify: White Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Printer Printing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Charles F. Fagan Addie E. Fraley 19b. MAILING ADDRESS (Street end Number of Rural Route Number, City of Town, State, Zip Gode)
1005 Mountfort Ct., S. W., Vienna, Va. 22180 19a. INFORMANT'S NAME (Type/Print) 2 Mrs. John Payne 20a METHOD OF DISPOSITION

Burlal 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Mount VIII vet cemetery 3-14-92 Frederick, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lukard C.C. Keeney and Basford Funeral Home Gas M00021 106 East Church St., Frederick. 21701 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition resulting in death) arr Cr de in 4 DUE TO (OR AS A CONSEQUENCE OF): C CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | TOOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 4 Homicide determined 1 BERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D09689 March 13, 1992 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, TEM 27) (Type, Print) A. Austin Pearre, M.D., Jr., 300 West Ninth Street, Frederick, Maryland 21701 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 1 3 1992 ulia Savidson-Randell

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or afti	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he filled within 70 hours after death with the State hard. Advant Hanless prior to hard command.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF		CERTIF					MENTA	REG. NO	AE .	. i	0730
	1. DECEDENT'S NAME (First, Middle, Last									OF DEATH			3. TIME OF DEATH
	William	Edv	ward		Guy				04	03	195	92	3:03 P.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER 1	YEAR	IF UNDER			OF BIRTH		6. BIRTHP	LACE (State or Foreign
	215-38-1850	1 🗌 M 2 🗍 F	51	YRS.	MONTHS	DAYS	HOURS	MIN.	12	122/4	10	A	LEN A-NOVE
~	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF D	EATH	,	9c. COUN		
DIRECTOR	Easton Memorial	Hospita	1		Eas	ton					Tall	oot	
S I	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY
E C	Md. Da	unlast	-	1	am	6		00					LIMITS?
	10e. STREET AND NUMBER	chest	· (-		ca pri	101	ZIP CODE	90			10a CITIZ	_	1 AYES 2 NO
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2	11. MARITAL STATUS	12. WAS DECEDED			13. W	AS DEC	ENDENT O	F HISPA	NIC ORIGI	N? (Specify W	n or No	A BACE	- American Indian,
	1 Never Married 2 Married		YES 2		111	yes, sp	2 NO	n, Mexica	nn, Puerto	Rican, etc.)		Black,	White, etc.
2	3 Widowed 4 Divorced					_ 163	Z E NO	Specii	γ.			Specify	Black
ED	15. DECEDENT'S ED (Specify only highest grad		16a	DECEDENT'S					16	. KIND OF BU	JSINESS/INDU	STRY	13/2001
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me. Do NOT u	se retired.)	any mo	al to worke	v					
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COMPL	17. FATHER'S NAME (First, Middle, Last)	(1	18. MOTH	IER'S NA	ME (First,	Middle, Maide	Sumame)		
1	Earl HeTc	her					E	ME	n A	5-1	eTche	· June	
0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street a	nd Number	or Rural	Route Nun	ber, City or To	vn, State, Zip (Code)	
	ANNA GOV			1106/	00 Cas	57	Lai	76	rid	941	70,3	161	13
	20a. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Res	noval from State		CE AND DATE		ION/Na	me of		DAT	E 20c. L	DCATION — C	ty or Tow	n, State
	4 Donation 5 Other (Specify)		- h	CL. LL S		m.	۷.			1.	in bin	:d1 0	Md.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. N	AME AN	D ADDRES	S OF FA	CILITY				Can be
	Dagolla (166			4	1		-	111	11/1) [4	5+ m1
CERTIFICATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
מורבוומיר		dddd								PERFO	24b. WERE AUTOPSY PERFORMED? YES 2 NO COMPLETIC OF DEATH? 1 YES		
3	25. WAS CASE REFERRED TO MEDICAL	T				26 PI	ACE OF DE	EATH (Ch	ack only o	201			
PH TSICIAN:	EXAMINER?	HOSPITAL:	E010-1-1	2 0 000	OTHER:								
	27. MANNER OF DEATH	28a. DATE OF		26b. TIM	4 Nureir	es. INJI		eldence	_				
- 1	1 Netural 5 Pending	(Month, L	Pay, Year)	INJ	URY	WO	RK?	1 110	7.11,740	1100	INJURY OCCU		
5	2 Accident Investigation 3 Suicide & Could not be	28a DI ACE C	1992 F INJURY — A	2:04		V.) NO		striar			y Truck
	4 Homicide 6 Could not be	building,	etc. (Specify)	_	street, rector	y, office				or Town, State	and Number of	r Rural Ro	ute Number,
	294. CERTIFIER			Lane							Road,	THE RESERVE	ord, MD
Committee of	(Check only one) 1 CERTIFYINO PHYS	BICIAN: To the best of ER: On the basis of e											and manner as stated.
	29b. SUDMATURE AND TITLE OF CERTIFIE	ER /).				T	29c. LICE	NSE NUI	MBER		29d. DATE	BIONED //	Vionth, Day, Year)
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3	and the second s	Y 1/					1 2		I . P		. (1	1/1 / () 4	
3	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITEM 27) (Type,	Print)							7/ 0.	1/1992
2	30. NAME AND ADD LESS OF PERSON W	O. LOY	SE OF DEATH (ree				Man			
3	31. DATE FILED (Month, Day, Year) APR — 8 °Q7	D. WOY	se of death (AR's signatur Lavidso	111 Pe	nn St	ree				. Mar		212	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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32, REGISTRAR'S SIGNATURE
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF I	HEALTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) William Victo	or Gragg				2. DATE OF DEATH		9 ^{VEAR} 3.	TIME OF DEATN 11:55 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	64 YRS.	FUNDER t YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 10-11-	1927	a. BIRTHPLA Country) West	MCE (State or Foreign Virginia
стоя	Carroll County	- 0.00		tminste:		1			
FUNERAL DIRECTOR	Maryland Ca	rroll		estmi	nster		1 [d. INSIDE CITY LIMITS? YES 2) (NO	
ERA	2215 Hughes Sho	n Pond		10	I. ZIP CODE		100	IZEN OF WHAT	
BY FUN		12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D W. W. T.T	2 NO	If yes, ap	21157 ENDENT OF HISPAN ecify Cuban, Maxicar 2 NO Specify.			14. RACE — Black, W Specify:	States American Indian, hita, atc.
	15. DECEDENT'S EDUCA	TION	18e. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BU	SINEGE/IND	Whit	;e
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of worl life. Do NOT use n	k done during mo etired.)	st of working	Steel			urina
SO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle, Maiden		aract	aring
BE	Simpson Fisher	Gragg			Odess	sa Mary .	Alic	e Ryd	er
5	19a. INFORMANT'S NAME (Type/Print) Betty Jane Grad	.a				oute Number, City or Tow Rd, Westi			MD 21157
	20e. METNOD OF DISPOSITION C Burlal 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	Ba	o. PLACE AND DATE OF the refery, crematory or other altimore N	DISPOSITION (Na	ame of	DATE 20c. LO	CATION -	City or Town,	Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE!	NSEE	1	22. NAME A	of Funera	ILITY			
	Sugar	-lahoute	MILLERO	91 W	illis St	reet W	estm	inste	r. MD
	23. PART i. Enter the diseases, or consher fallura. List immediate CAUSE (Final disease or condition resulting in death)	acony bha causa bh e	d the death. Do not ach line	enter the mo	fution	as cardiac or reapi	ratory arr	eat,	Approximate interval Between Onset and Oeath
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sha all DUE TO (OR AS A They can't	CONSEQUENCE OF):	J B	Intro	Herma			5 days
MEDICAL	PART II. Other algorificant conditions	Ordhuts	ut not resulting in t	he underlying	g cause given in F	Part I. 24a. WAS AN PERFOR	MED?	COA OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 19-100
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	my		26. PL	ACE DF DEATH (Chec	ck only one)			
PHYSICIAN:	1 🗆 YES 2 🖟 AD	IOSPITAL:		THER: Nursing Hom	e 5 ☐ Residence 8	Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE NOW II	JURY OCC	URED	
	3 Suicide a Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, atc. (Spec	At home, larm, streethy)	it, factory, offici		28f. LOCATION (Street a City or Town, State)	nd Number	or Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	AN: To the best of my know! On the bests of examination	ledge, death occurred a	t the lime, data n my opinion, d	and place, and due to eath occured at the ti	o the cause(a) and man	ner as state	id. a cause(a) and	I manner as stated,
TO BE	296. SIGNATURE AND VITLE OF CRAFFIER								rth, Day, Year)
-	30. MAME AND ADDRESS OF PERSON WND C	COMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type, Prin	10)				0	

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r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		arked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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7.5	ACILITY NAME (# not if	Retire		ter			, TOWN		TON OF D	EATH	sc. county of the frede:			rick
100. \$	nesidence of decedent 100. STATE a. 100. BOWWard				10c. C11	YH9WY1	Para	We						10d. INSIDE CITY SUMITS? 1 X YES 2 NO
100. 5	STREET AND NUMBER	U	nknown .				10	f. ZIP COI	DE			10g, CIT	S.	WHAT COUNTRY?
3 🗆	11, MARITAL STATUS 1 Nover Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE FORCES? 1 YE FORCES? 1 YES, GIVE WAR OR				2 . NO		If yes, sp	ecity Cub		an, Puarto	IN? (Specify Ye Rican, etc.)	e or No—		E — American Indian, k, Whita, etc.
17. FA		CEDENT'S EDU nly highest grad (0-12)			(Give kind of life. Do NOT u	work done se retired.)	during me	ost of work		16	b. KIND OF BU	entis		
17. FA	THER'S NAME (First, I						- 1.11		Fann	ie A	Middle, Maider	ler		
192.1	Robert Bl		al		196. MAILING 5964	Broad	s (Street :	n Rd	er or Rural	Route Num	nber, City or Tov	vn, State, Zi Md •	217	55
40	METHOD OF DISPOSI Buriel XXCremet Donation 8 - Othe	ion 3 - Ren er (Specify)		20b. F	LACE AND DAT									
21. S	21. SIGNATURE OF FUNERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OF FUNERAL HOME 31 E. Main St., Middletown, Md. 21769											21769		
	23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):													
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Seq if ar CAU that resu	shock, or shock, or sease or condition uiting in deeth) uiting in deeth) uiting in deeth) uiting in deeth) uiting in deeth) uiting in deeth) uiting in deeth) uiting in death) LART II. Other eignifications are sease as a	itions, edilata YING lury ST	b. DUE TO d. HOSPITAL:	O (OR AS A CO) OR AS A CO) OR AS A CO)	ONSEQUENCE CONSEQUENCE t enter	r tha mo	ng ceuse	given in	Part I.	24a, WAS AI PERFO	N AUTOPSY RMED?		Interval Betwee Onset and Deal Onset	
Seq If ar caure CAU that the caure PAR	shock, or IEDIATE CAUSE (Feese or condition uiting in deeth) uuentielily list conding, leeding to imm se. Enter UNDERL' ISE (Disease or in it initiated events uiting in death) LA RT II. Other eignification in the condition of	itions, edilate ying lury ST Cant condition	b	USE ON BEGON BERNOUTHER OF BERNOUTHER	ONSEQUENCE CONSEQUENCE t enter	r tha mo	PLACE OF	given in	Part I.	24a, WAS AI PERFO 1 — YES	N AUTOPSY RMED?	241	Interval Betwee Onset and Dea Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	
Seq if ar cauchy that results that results 25. W. 27. M. 1	shock, or IEDIATE CAUSE (Feese or condition uiting in deeth) uuentielly list conding, leeding to imme. Enter UNDERL' ISE (Disease or initing in death) LA RT II. Other eignification of the condition of the con	itions, ediata YING jury ST	b. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A. DATE O (Month, 1)	USE ON BECOME OF THE PROPERTY	ONSEQUENCE CONSEQUENCE): OF): OF): In the ui OTHE 4 Mu ME OF JURY M	r tha mo	PLACE OF USER TO ORK?	given in	Part I.	24a, WAS AI PERFO	N AUTOPSY RMED? INJURY OC and Number and Nu	244	b. WERE AUTOPSY FINDING AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Seq if ar cauchy that results that results 25. W. 27. M. 1	shock, or IEDIATE CAUSE (Feese or condition uiting in deeth) guentielly list condition uiting in deeth) guentielly list conding, leeding to imm se. Enter UNDERL' ISE (Disease or in a initiated events uiting in death) LA IT II. Other eignification in the condition of the condition in the condition in the condition of the condition in the cond	itions, ediata ying jury ST Cant condition	b. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A. DATE O (Month, C) 28e. PLACE building	USE ON BECOME OF INJURY OF	ONSEQUENCE CONSEQUENCE): OF): In the unit of the Me of Jury Me of street, fac	r tha mo	PLACE OF DE S DE STATE DE S DE STATE DE S DE STATE DE S DE STATE D	given in	Part I.	24a, WAS AI PERFO 1 YES DONE) DOT (Specify) ESCRIBE HOW CATION (Street y or Town, State Buse(a) and ma	N AUTOPSY RMED? 2 MO INJURY OC	CCURED or or Rural ated.	b. WERE AUTOPSY FINDING AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Seq if ar cause CAU trest rest. PAR 25. W E 1 27. M 1 2 3 4	shock, or IEDIATE CAUSE (Feese or condition uiting in deeth) guentielly list condition uiting in deeth) guentielly list conding, leeding to imm se. Enter UNDERL' ISE (Disease or in a initiated events uiting in death) LA IT II. Other eignification in the condition of the condition in the condition in the condition of the condition in the cond	itions, ediata ying lury ST To MEDICAL Pending investigation Could not be detarmined Prifying Phys.	a	USE ON BECOME OF INJURY OF	ONSEQUENCE CONSEQUENCE): OF): In the unit of the Me of Jury Me of street, fac	r tha mo	PLACE OF THE 5 USE JURY AT ORK? YES 2 ce a and place death occ	given in DEATH (C	Part I. Beck only of a to the centure, darked	24a, WAS AI PERFO 1 YES DONE) DOT (Specify) ESCRIBE HOW CATION (Street y or Town, State Buse(a) and ma	N AUTOPSY RMED? 2 INJURY OC and Number of the state of th	CCURED er or Rural ated.	Interval Betwee Onset and Deal Onset	

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within ours after death. Page 6 may be retained by the hospital or attending physician.	npletely alied in by the funeral director, page 5 should be detached for use as the burial-transit permit, cremation, or removal	vent, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely alied in by the funeral director, page 5 should be detached for use as the bunia-transit permit. A find within 70 hours after heart with the State Dear of Health and Mental Hydiere prior to bunial commandion or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF MA	ARYLAND / DEPAI			MENTAL	. HYGIENE		92 1073		
	1. DECEDENT'S NAME (First, Middle, Last Baby		CERTIF GREGOIRE	ICATE C	F DEATH	MONTH	REG. NO. DF DEATH DAY	,	year 3. Time of Death 5:25 pm.		
	4. SOCIAL SECURITY NUMBER Infant	1 😿 M 2 🗆 F	3. AGE (In yrs. lest birthday) YRS.	MONTHS DAY	T 31	(Month, Day, Year) Count 4/14/92			I. BIRTHPLACE (State or Foreign Country) MD		
TOR	98. FACILITY NAME (If not institution, give Franklin Square RESIDENCE OF DECEDENT		Center	sb. CITY, TOWN OR LOCATION OF DEATH enter Baltimore					trof DEATH 1timore		
FUNERAL DIRECTOR	MD Ba.	tv Ltimore		Baltime	ore				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAI	100. STREET AND NOMBER				10f. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 NO Speci	an, Puerto R		or No—	I4. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 8+)	Me. Do NOT	work done during use retired.)	ATION most of working	16b.	KIND OF BUS		STRY		
MP	infant 17. FATHER'S NAME (First, Middle, Last)	infant	inf	ant			infan				
BE	Steven Walter Ho	oeckendorfi		G ADDRESS (Str	16. MOTHER'S N. Nancy eet and Number or Burel	Ann (Gregoin	e	Code)		
TO	20a, METHOD OF DISPOSITION		20b. PLACE OF DISPO	OSITION (Name o	f cemetery, crematory or		20c. LOC	ATION — C	Ity or Town, State		
	1 Donation 8 Other (Specify)		Franklin	Square	Hospital	Cent	er Ba	1tim	ore, MD		
	1 Burlet 2 (X Cremetion 3 Removal from State Franklin Square Hospital Center Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	23. PART i. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. Extren		ity/nom			iac or reapir	atory arre	et, Approximate interval Between Onset and Deati		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	С.	OR AS A CONSEQUENCE (_				
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	ona contributing to d	leath but not resulting	in the under	lying cause given in	n Part I.	24a. WAS AN / PERFORM	WED?	24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C		,				
HYS	27. MANNER OF DEATH	26s. DATE OF II		ME OF 280	Home 5 Residence	_	(Specify) CRIBE HOW IN	JURY OCC	URED		
BY	1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not b	28e. PLACE OF	INJURY — At home, farm to. (Specify)		WORK? YES 2 NO		ATION (Street as or Town, State)	nd Number o	or Rural Route Number,		
COMPLETED	4 Homicide datermined 29s. CERTIFIER (Check only		ny knowledge, death occu	rred at the time,	data and place, and du			ner as state	d.		
WO.	enel enel								cause(e) end menner as stated.		
TO BE	294 SCHATCHE AND TITLE OF CENTR	1P. J. R	osensweig,		29c. LICENSE NU D41710						
-		1.0	of DEATH (ITEM 27) (THE	o Franci	blu Squar	Dr. Ba	lh, Ho.	21237			
	APR 1 7 199	2 Julia Di	S SIGNATUR	Å							

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TO THE HOSPITAL OR ATTENDING PHYSIOLAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	DEA	TH I	REG. NO.	C		
	1. DECEOENT'S NAME (First, Middle, La SALLY ES		WELL					2. DATE OF DEATH MONTH 4	v 19	92AR 3	TIME OF PEATH
	4. SOCIAL SECURITY NUMBER 343-10-3491	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-15-191	4 (a. BIRTHPL Country) Dhio	ACE (State or Foreign
OR	99. FACILITY NAME (If not institution, git THE JOHNS HOE		ITAL		96. CITY, TOWN BALT	OR LOCATI			9c. COUNTY OF DEATH BALTIMORE CITY		
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COU										
DIRE	MINN				v, town on Loc ∋midji	ATION				Od. INSIDE CITY LIMITS? YES 2 NO	
ERAL	16810 North Irvine Avenue					01. ZIP COD	6601		, ·	U.S.A	AT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR	MED	If yes,	CENDENT Coperity Cube	n, Mexicer	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No	Black, V	- American Indian, White, atc. White
	15. DECEOENT'S E (Specify only highest gr	DUCATION ide completed)	16a, DE	CEDENT'S	USUAL OCCUPA: work done during r	ION lost of workin	na	16b. KIND OF BUS	SINESS/IN	<u> </u>	WILLE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	*)		naker		•	Own H	ome		
ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTE	IER'S NAM	AE (First, Middle, Malden	Surname)		
BE	Charles Emor	y Gardne				Ar	ny C	hurch			
5	David Howell							Sville,			3
	20a. METHOD OF DISPOSITION 1	emoval from State	20b.PLACE A cemetery, cree Smith	no DATE	OF DISPOSITION (I	lame of	cium	0ATE 20c. LOG	Smi	City or Town	stete
	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	3	<i>D U</i> .	22. NAME	NO ADDRES	S OF FAC	ILITY			Main St.
\dashv	23. PART I. Enter the diseases, o	complications the	t coused the de	eth. Do r				eral Hom		Myers	sville,MD
	IMMEDIATE CAUSE (Final disease or condition	e. List only one ceu	Jee on each line		eal				atory an	rest,	Approximeta Interval Batween Onset and Death
	resulting in death)	a. OUE TO	(OR AS A CONSEQ								/ highter,
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEC	UENCE O	F):						
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	(OR AS A CONSED	UENCE O	F):						
CER		d									
MEDICAL	PART II. Other algnificent condition	ona contributing to	deeth but not re	eaulting	In the underlyi	ng ceuse g	iven in F	Pert i. 24e. WAS AN PERFORI	MED?	AV CC DF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. 1	LACE OF O	EATH (Chec	ck only one)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ne 5 Re	sidence f	Other (Specify)			
	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIM	E OF 28c, IN	JURY AT ORK?		28d. DESCRIBE HOW IN	LIURY OC	CURED	
ED BY	2 Accident Investigatio 3 Suicide 6 Could not be datermined	28e. PLACE O	F INJURY — At hore	ne, lerm, s				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
PLET	29a. CERTIFIER (Check only 1 CERTIFYING PH	/SICIAN: To the best of	my knowledge, des	th occum	ed at the time, dat	and place.	and thus t	o the cause(s) and men	ner es etel	lad	
COMPLETED	MEDICAL EXAMI	NER: On the basis of a						ime, data and place, and			nd menner es stated.
BE	296. SIGNATURE IND TITLE OF CERTIF	De le	mn			29c. LICE	NSE NUME	PER 17	29d. DAT	4 19 19	orth, Day, Marj
٥	30. NAME AND ADDRESS OF PERSON	OO A	SE OF DEATH (ITEM	27) (Type,		rore	MA			1111	_
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	-	ייונדות	wre	TJU.				
	APR 13 1992	a mana	me Murrer	_							I



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.			
	i. DECEDENT'S NAME (First, Middle, Last) Ralph Elwood Hei	ck				2. DATE OF MONTH	DEATH	92	YEAR	3. TIME OF DEATN
	220-26-6045 PARTITY NAME (If not institution, give	1X M 2 🗆 F	E (In yrs. lest birthday) 61 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	lay Yearl	31	West	Virginia
	Washington Coun			Hager	town	DEATH			hing:	
E E	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. MD Washington Smithsburg 1									
FUNERAL	Rt. 3 Box 61B				ZIP CODE			-		IAT COUNTRY?
n 3	1. MARITAL STATUS Never Merried 2 Merried Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES	S 2 NO	If yee, spe	ENDENT OF HISPA city Cuben, Mexic 2 NO Speci	en, Puerto Rica	Specify Yee	or No-	14. RACE - Black, Specify.	American Indian, White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)			ISUAL OCCUPATION ork done during most retired.)	st of working		t. Ri			
17	7. FATHER'S NAME (First, Middle, Last) Earle L. Heck				18. MOTHER'S NA	AME (First, Midd. HUKK	lle, Meiden S	iumame)		
150	90. INFORMANT'S NAME (Type/Print) Anna M. Heck		196. MAILING	ADDRESS (Street of	nd Number or Aural 3 Smiths	Route Number,	City or Town,	State, Zip (Code)	
21	Qs. METNOD OF DISPOSITION A Buriel 2 Cremetion 3 Rem Donation 5 Other (Specify)	noval from State	Ob. PLACE AND DATE OF	F DISPOSITION (Nai		-7-92			ity or Town	n, State
- 2	1. SIGNATURE OF FUNERAL SERVICE LI)	22. NAME AN	o address of Fi	al Hom	ie.		,140	
	23. PART i. Enter the diseases, or shock, or heart fellure. MMEDIATE CAUSE (Finel	complications that cause List only one cause on	ed the death. Do no each line.	ot enter the mod	3 Box 7 de of dying, suc	ch as cardiec	or respire	atory arre	st,	Approximata interval Between Onset and Dasti
d	disease or condition esuiting in death)	a. Curi	A CONSEQUENCE OF	es+						
SH	Sequentially list conditions, any, leading to immediate sause. Enter UNDERLYING	b. Coren DUE TO (OR AS	A CONSEQUENCE OF	ry Disc	oas o	(prp.	sume	<u>e)</u>		5405
- t	CAUSE (Disease or Injury hat initiated events esuiting in deeth) LAST	c. OUE TO (OR AS	A CONSEQUENCE OF)							
EDICAL O	ART II. Other eignificent condition	na contributing to death	but not reaulting in	the underlying	cause given in		PERFORM	EO?	C	TERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATN?
									1	☐ YES 2 ☐ NO
25	S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N NO	HOSPITAL: 1 Inpetient 2 XER/Out		OTHER:	ACE OF DEATH (Ch					
27	MANNER OF DEATH	28e. DATE OF INJURY	28b, TIME	OF 28c. INJU	5 Residence	6 ☐ Other (Sc 26d. OESCRI		IURY OCCU	RED	
5	1 Natural 5 Pending 2 Accident Investigation 3 Suicide Could not be	(Month, Day, Year)	INJUI	M t 🗆 Al	ES 2 NO					
L	4 Nomicide determined	building, etc. (Spe	ecify)	out, factory, diffice		281. LOCATIO City or To	wn, Stete)	d Number of	Rural Rou	te Number,
29	e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CONE) 2 MEDICAL EXAMINE	ICIAN: To the best of my know IR: On the basic of examination	wledge, death occurred on and/or investigation,	at the time, date a	and place, and due ath occured at the	to the cause(s) and mann place, and	er se atsted	l. Couse(e) 4	nd manner se stated.
29	b. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUI					lonth, Day, Year)
	Wallie V3	Kons						D 5/	/5/	52
30.	WB Kerns	COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, P	Shy 1	D384 theda	, h,	S	· · · ·		
31,	MAPR 1992	The Property Section 1	MUBBALL		7					

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	at once.	
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	r item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	
s State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	edical	
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Duria	atic	
9	E	
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Dept.	23	
State	Nem	
97	No.	

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	C	ERTIFICATE	OF DEATH	REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last)		•		2. DATE OF DEATH	y YEA	3. TIME OF DEATH
PEARLE HON	EYCUII			4 4	92	06:15A
	5. SEX 6. AGE (In yrs. In	MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		ATHPLACE (State or Foreign untry)
0,00 10 010	1 M 2 AF 80	YRS.		JAN: 19	1912	11. 6.
9a. FACILITY NAME (If not institution, give stre OARROLL CRESIDENCE OF DECEDENT	OUNTY 1	USF 96. CITY,	WEST	MINSTA	9c. COUNTY OF	1 ARROL
10a. STATE 10b. COUNTY		10c. CITY, TOWN O	R LOCATION	-		10d. INSIDE CITY
M D C	-AR RUL	4	WESTY 101. ZIP CODE	MIN37	+R	LIMITS? 1 YES 2 NO F WHAT COUNTRY?
3558A	RTERSM	ILL R.	0 2/	157	1	15A
11. Marrial Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	NO I	MAS DECENOENT OF HISPAI f yes, specify Cyban, Maxici PES 2 NO Specif	an, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, atc. pecify: WHI JT
16. DECEDENT'S EDUCA (Specify only highest grade or	TION 16a. D	ECEDENT'S USUAL OC	CCUPATION turing most of working	16b. KIND OF BUS	BINESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	OVSE	WIFE	- Ho	USL	- work
17. FATHER'S NAME (First, Middle, Leet) A S H	LED FI	ORD	16. MOTHER'S NA	AME (First, Middle, Melden	Surname)	PEEN
19a, INFORMANT'S NAME (Type/Print)	FARRELL	96. MAILING ADDRESS	Street and Number or Rural	Poute Number, City or Tow	n, State, Zip Code	VESTMINK
20s, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remov	20b. PLAC	E ANO DATE OF OISPO y, crematory or other p		DATE 20c. LO	CATION — City o	r Town, State M L
21. SIGNATURE OF FUNERAL SERVICE UCE	NSEE	n A RY	NAME AND ADDRESS OF FA	cirtis	LUEL	17744170
> Pulm	Juli les	h. 1.	TITA	315	11:	PA 1739
23. PART I. Enter the diseases, or co	mplicatione that caused the	leath. Do not enter	the mode of dving, suc	ch as cerdiac or read	relory arrest.	Approximate
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	bulmo EQUENCE OF): Produc EQUENCE OF):	nary a Cardida	rest	bear	Onset and Death
cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):				
PART II. Other algnificent conditions	contributing to death but not			Bar I ar una un	umanay I	
PAN II. Other algillicent conditions	commoduling to death but not	resulting in the un	denying couse given in	Part I. 24a. WAS AN PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				-		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
	HOSPITAL:	3 DOA 4 Num		The same state of		
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Ybar)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURE	D
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — A1 building, etc. (Specify)	home, farm, street, fact	tory, offica	261. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,
Torroom orny	IAN: To the best of my knowledge, On the bests of examination and/o					se(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	rie/mo		D 2	MBER 3023	29d. DATE SIG	NEO (Month, Day, Year) -4-92
30. NAME AND ADDRESS OF PERSON WHO	SURIELIN	PEM 27) (Type, Print)				
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE 8 '97	Lulia Savido	70.00			.

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the	de	0
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Page	-6	-
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after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	lea
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPAR	RTMENT OF H	HEALTH AND	MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Lest) HELEN 4. SOCIAL SECURITY NUMBER	Helen Lee Ha	rgan 4N	IF UNDER IT YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH ON THE STATE OF BIRTH	3-31-92 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 303 M BIRTHPLACE (State or Foreign		
OR	222-24-8046 9a. FACILITY NAME (If not institution, give street union Hospital of	eet and number)	O YRS.	9b. CITY, TOWN CElkton	OR LOCATION OF	(Month, Day, Year) March 24, DEATH		Delaware OF OEATH		
DIRECT	nesidence of decedent 10a. State 10b. County Maryland Cecil			y, town on local kton	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
Union Hospital of Cecil County										
									COMPLETED	18a. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 18a. DECEDENT'S USUAL OCCUPATION 18a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INOUSTRY
BE	17. FATHER'S NAME (First, Middle, Last) Raymond Hu 19a. INFORMANT'S NAME (Type/Print)	ffman	19b. MAILING	ADDRESS (Street a		Helen And	erson			
TO	Thomas R. Hargan, Sr. 120 Thomson Drive - Elkton, MD 21921									
	20b. PLACE AND DATE of DISPOSITION (Name of commetter) 2 concluded a large of commetter of comme									
	23. PART i. Enter the diseases, or co shock, or heart fellure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Act and a pone	SEOUENCE OF	letera	ton. MD de of dying, su	21021-552	ratory erreet,	Approximats interval Between Oneet and Death		
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FINDINGS									
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BY	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO									
ETED	3 Suicide 4 Homicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED		AN: To the best of my knowledge; On the basis of examination and/						ise(a) and manner as stated.		
TO BE	290. SIGNATURE AND TITLE OF CERTIFIER	2P. K. Poli	mj)		29c. LICENSE NU	MBER - 3 ° 7	≥ 3/	NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO.	y Ave, 2	LKT	Print)	mi) 2	1921-	- /	/		
	APR 01 '92	32. REGISTRAR'S SIGNATURE								

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

HOSPITAL

TO THE F

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29b. SIGNATURE AND TITLE OF CERTIFIER

11. DATE PILED (Month, Day

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FUMERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page \$		ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be n
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JONES Michea 12:50 PM ININ 3 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. YRS. 3 9e. FACILITY NAME (If not institution, give street 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Medica Baltimore Me ray Baltimore DIRECTOR CITY RESIDENCE OF DECEDEN 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Baltimore MD YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2121 Balto 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. APRIED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merr Specify: P BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade or Elementary/Secondary (0-12) College (1-4 or 6+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First: Middle, Maiden Surneme) Micheal Irvin Harris JONOS Denea BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town. 2 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Mercy Med. Center Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition 250 GMS resulting in death) OUE TO (OR A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 TES 2 NO patient 2 - ER/Outpatient 3 - DOA 4 Nursi ne 5 - Residence 6 - Other (Specify) 28b. TIME OF 27. MANNER OF CEATH 26e. OATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO BY Investigation Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rurel Route Number, City or Rwn, Stein) Sulcide 3 🗌 40 8 Could not be COMPLETED 4 Homicide datermined Item 28 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(e) and menner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated.

29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1PR 17 9 '92 Salis Kiriban Minas

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DHMH-16 Rev 1/89

29d, DATE SIGNEO (Month, Day, Year)

DALL INOUE, MANILAND	24 nours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached on or removal.	ne medical examiner must be notified at once.	
000000000000000000000000000000000000000	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burda, certaining, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

9e. FACILITY NAME (If not institution, give street at Washington County FRESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. STREET AND NUMBER 38 Redwood Drive 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Otvorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete in the complete in	Margaret Ary Margaret AC SEX 6. AGE (In yrs. In 79 Ind number) Hospital Ington WAS DECEDENT EVER IN U.S. A FORCES? 1 Yes 2 2 2 2 2 2 3 3 Forces? 1 4 4 4 4 4 4 4 4 4	PACOBS PACOBS	Hag OWN OR LOCAT IGERSTO 107 13. WAS DEC If yes, spi 1 VES UAL OCCUPATIC done during mo dired.) OWN C. TESSET DRESS (Street e.	FUNDER 24 MRN. HOURS MRN. PR LOCATION OF P LOCATION OF PR LOCATION OF PR LOCATION OF P LOCATION OF P LOCATION OF P LOCATION OF P LOCATION OF P LOCATION OF P LOCATION OF P	2. DATE OF MONTH 7. DATE OF (Month, D April OEATH OPANIC ORIGIN? (S Ican, Puerto Rica city: tor b NAME (First, Midd Mae Da al Route Number, (1)	BRITH 19; Year) 14,19] 10; 10; 10; 10; 10; 10 OF BUSINES eauty 1e, Meiden Surne Vis	G. CITIZEN OF V G. CIT	yland EATH 10d. INSIDE CITY LIMITS? 1 YES 2X NO WHAT COUNTRY? SA — American Indian, K, White, etc.
214-09-0935 1	M 2 XF 79 Ind number) Hospital Igton WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 7 FYES, GIVE WAR OR DATES No lefted) Illege (1-4 or 5+) O 100. PLACE Commeterly, cr Res	PRIS. MC 10c. CITY, T Ha RMED (NO ECEDENT'S US Give kind of work b. Do NOT use h haird 145 I AND DATEOF C	DAYS DAYS LOTY, TOWN O Hag DOWN OR LOCAT 13. WAS DEC If yes, sp. 1 VES UAL OCCUPATIC done during modified. Jowne resser DRESS (Street e.	HOURS MEN. PRICATION OF ETSTOWN ION ZIP CODE 2174 ENDENT OF HIST Cuban, Mex 2 K NO Spe No st of working TOPETA 18. MOTHER'S I Ida and Number or Run	7. DATE OF (Month, D. April OEATH O	14,19] 14,19] 10, 10, 10, 10 OF BUSINES eauty 16, Meiden Surne Vis	G. CITIZEN OF V G. CIT	yland EATH 10d. INSIDE CITY LIMITS? 1 YES 2X NO WHAT COUNTRY? SA — American Indian, K, White, stc.
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1 Never Married 2 Merried 3 Widowed 4 Otvorced 15. DECEDENT'S EDUCATION (Specify only highest grade compile lementary/Secondary (0-12) 11. FATHER'S NAME (First, Middle, Last) Thomas Mann Athey 19e. INFORMANT'S NAME (Type/Print) Paul R. Athey 20e. METHOD OF DISPOSITION X Buriel 2 Cremetion 3 Removal from the property of the pr	FORCES? 1 YES 2 THE FYES, GIVE WAR OR DATES Note (alter)	ECEDENT'S US Give kind of work to Do NOT use in haird Bb. MAILING AD 145 I	UAL OCCUPATIC done during mo dired.) OWNE: TESSET DRESS (Street e. Vy Road	PN Specify Cuben, Mex 2 EX NO Specific No. S	tor 166. KII b NAME (First, Midd Mae Da al Route Number, (eauty Me Meiden Surne Vis	Shop shop	ry:
(Specify only highest grade complete in the co	rom State 20b. PLACE Cometery, cr	haird b. Do NOT use n haird b. MAILING AD 145 I	one during modified.) Owne: resser DRESS (Street e.	to of working r—opera 18. MOTHER'S I Ida nd Number or Run	b NAME (First, Midd Mae Da If Route Number, (eauty le, Maiden Surna Vis	shop	
Thomas Mann Athey 19e. INFORMANT'S NAME (Type/Print) Paul R. Athey 20e. METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Removal fr 4 Donation 5 Other (Specify)	rom State 20b. PLACE cemetery, cr	145 I	vy Roa	Ida	Mae Da	vis		
Paul R. Athey 20e. METHOD OF DISPOSITION X Buriel 2 Cremetion 3 Removal fr 4 Donation 5 Other (Specify)	rom State 20b. PLACE cemetery, cr	145 I	vy Roa	nd Number or Run	Il Route Number, (City or Town, Ste	nte. Zio Codel	
X□ Buriel 2 □ Cremetion 3 □ Removal fr 4 □ Donation 5 □ Other (Specify)	rom State cemetery, cr	AND DATE OF D			, Pa.			
21. SIGNATURE OF EUNERAL SERVICE LICENSEL		or mark	n Ceme	ne of tery	0ATE 4-13		Stown,	wn, State Maryland
Scott	nine	0	MINN:		FACILITY ERAL HO	ME		n, Md. 217
23. PART I. Enter the diseases, or compishock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardination that caused the denily one cause on each lin	e.		de of dying, su	ich ss csrdisc	or respirator	ry srrest,	Approximats intervel Betwee Onset and De
Sequentially list conditions,	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTRACTOR OF ACTOR ON A CONSE	OVENCE OF:	Hear	FD4	Hal			
PART II. Other significant conditions con	ntributing to death but not	resulting in t	he underlying 사	cause given i		WAS AN AUTO PERFORMED	6	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
	SPITAL:		THER:	ACE OF OEATH (C				
27. MANNER OF DEATH 1 Netural 5 Pending	Inpetient 2 ER/Outpetient : 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOR	IRY AT	8 Other (Sp 28d. OESCRIE	ecily) BE HOW INJUR	Y OCCUREO	
	26s. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, stree			28f. LOCATIO City or To	N (Street end No wn, Stelle)	umber or Rural R	oute Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER, On the control of the cont	To the best of my knowledge, do	eath occurred at	the time, date of	end piece, end du	se to the cause(e) end manner e	es stated.	
396 SIGNATURE AND TITLE OF CERTIFIER	~ _ C.	G.N		29c. LICENSE N				(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COM	PLETEO CAUSE OF OEATH (ITE		maired			Lesso	1 14	WD 2174

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ITAL RECORDS, P.O. BOX 68760,	N: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician indicate the base been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit State Dest, of Health and Mental Honleine prior to burial command.	Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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FOR STATE REGISTRAR

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Maryland

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HARRY

DIRECTOR

FUNERAL

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MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

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marked,

TO THE FUNERAL OF THE FUNERAL DE FINE WITHIN 72 NA IMPORTANT: If IN

92 10740 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EDWARD HAROLD VAMES YEAR 03 1330 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) Dec. 31 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 - F 577-50-2535 HOURS 53 Dec. 38 Maryland 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stone Rd. Frederick, Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Frederick Frederick 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EYER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

VICTORM

142 DECEDE 21702 United States Stona 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify. 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Career Military U.S. Military 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname BENJAMIN JAMES ANNA MAE ROBERTS 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SMIROLDO 8002 Legation Rd. / New Carrolton, Md.20784 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Burial 2 Cremetion 3 Removal from State Crownsville State Vet.3-18 Crownsville, Md. 22. NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Rayoun 1621 Opossumtown Pike/Frederick, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):

If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

CHRONIC Alcoholism

CANCER OF HEAD SINUS

24a, WAS AN AUTOPSY PERFORMED? 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: YES 2 NO 1 Inputient 2 ER/Outputient 3 DOA 4 ☐ Nursing Home 5 ▼ Rasidence 6 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 6 Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as steted.

RRRoberte MD

29c. LICENSE NUMBER 107867

29d. DATE SIGNED (Month, Day, Year) D 03/13/92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Non. Print)

DRDRSSE FREDERICK ME 21701-4599

31. DATE FILED (Month, Day, Year) 8 1992 MAR 1

32 REGISTRAR'S SIGNATURE Lulia Davidson-Randoll

DHMH-16 Rev 1/89

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		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF I	HEALTH AND		GIENE G. NO.				
		1. DECEDENT'S NAME (First, Middle, Lest) Reba. H.	Reba H.	Keefer			2. DATE OF DE MONTH	ATH DAY	YEAR 3. TIME OF OEATH			
		4. SOCIAL SECURITY NUMBER 218-80-9479 90. FACILITY NAME (If not institution, give	1 🗆 M 2 🚫 F	64 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF BIR (Month, Day, NOV. 16	, 1927 F	BIRTHPLACE (State or Foreign Country) Hancock, Md.			
N.	TOR	Washington Cour			Hagers				shington			
nit. Pages	DIRECTOR	Pa. Frank	Y		town on Loca ersburg				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
n. ansit perr	FUNERAL	13859 Little Co	ove Road		10	1, ZIP CODE 17236		10g. CITIZ	EN OF WHAT COUNTRY?			
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages at once.	BY	11. MARITAL STATUS 1 Never Merried 2 Nerried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN 1 FORCES? 1 YES 1F YES, GIVE WAR OR DAT	It yes, sp	CENDENT OF NISPA Decify Cuben, Mexic 3 2 K NO Speci	14. RACE — American Indian, Black, White, etc. Specify: White						
MARYLAND 21215. retained by the hospital or attendi 5 should be detached for use as in notified at once.	LETED	15. OECEDENT'S EDU, (Specify only highest grade Elementary/Secondary (0-12)	Corripleted) College (1-4 or 5+)	INN. DO NOT use	rk done during mo retired.)	ost of working	16b, KIND	OF BUSINESS/INDU				
AND the hospit detached	COMPL	17. FATNER'S NAME (First, Middle, Lest)		Albert	B.Keefe	er & Son	Con	structio	n			
RYL, ed by th uid be d	BE C	Oscar Weller				Nannie	Weller					
MAR retained 1 5 should notified	5	190. INFORMANT'S NAME (Type/Print) Albert B. Keefer	341	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Rown, State, Zip Code) 13859 Little Cove Rd. Mercersburg, Pa. 17236								
Page page		20e, METHOD OF DISPOSITION 1 [ABurlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — CITY CARREST CONTROL 20b. PLACE AND DATE 20c. LOCATION — CITY CARREST CONTROL 20c. LOCATION — CITY										
TIMORI h. Page 6 may sral director, p		4 Donation 6 Other (Specify)	St	onebridge		ery 4/		ancock,	Md. 21750			
deati deati e fun ii.		Polaro C	JV		Grove 1	F.H. 141 W	Main St.	Hancock, M	d. 21750			
within 24 nours spletely filled in the cremation, or referent, the media		23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):										
OX 68 be execute cian and c ior to buria	RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (OR AS A CONSEQUENCE OF):									
P.O. Eth certificate anding phy I Hygiene por other	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):								
CORDS ries that the d signed by the leath and Mel	MEDICAL (PART II. Other significant condition	ons contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □ NO						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AL RE le law requi has been s Dept. of H									1 TES 2 NO			
F VITAL SICIAN: The law certificate has the State Dept t, or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Delinpationt 2 ☐ ER/Outpati	lent 3 DOA A	THER:	ACE OF DEATN (C)						
VISION OF VI- ATTENDING PHYSICIAN: ECTOR: After this certifica s after death with the St. 128 is marked, or it.	ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJ Y WO			NOW INJURY OCCU	RED			
DIVISION DR ATTENDING P DIRECTOR: After thours after death ttem 28 is man	<u>n</u>	3 Suicide 6 Could not be datermined	26e. PLACE OF INJURY — building, etc. (Specify	- At home, ferm, atre)	et, factory, offic	factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
DIV TO THE HOSPITAL DR A' TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If Item	COMPLET	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSI ONE)	CIAN: To the best of my knowled	ige, death occurred and/or investigation,	nt the time, date	end place, end due	to the cause(s) er time, date end pla	nd menner es atated ice, end due to the	l. ceuse(s) end manner es stated.			
TO THE H TO THE FI be filed w	TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	1.1			29c. LICENSE NUI		29d. DATE	SIGNED (Month, Day, Year)			
		30. NAME AND ADDRESS OF PERSON WH	P. R. 6615	MP.	int) 239	N_ (°a)	مسرد خ	+ Heger	16- mo 21740			
		31. DATE FILED (Month, Day, Year) APR 13 1992	Jalin Danden									

10111 81 the state of the state of the state of the TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR				CERTIF	ICATE (D MI	REI	G. NO.				
1. DECEDENT'S NAME (First	le	M		KEI	FAUVER	}		2	April	ATH	L992	YEAR	3. TIME OF DEATH 9:25 A M	
4. SOCIAL SECURITY NUME 220-18-0184		5. SEX 1 M 2 X F	8. AGE (In yrs	s. last birthday) YRS.	MONTHS D		UNDER 24 HR	S. 7	Jan 21	7192	26	8. BIRTH	PLACE (State or Foreign VA.	
Washing	ton Cou	net and number)	oital		96. сіту, то Над	wn on L jerst		F DEAT	DEATH 9c. COUNTY OF DEATH Washington					
10a. STATE	10b. COUNTY			t0c, CITY	Y, TOWN DR L	OCATION							tod. INSIDE CITY	
Maryland 100. STREET AND NUMBER		shingtor	n	Ke	eedysv								LIMITS? 1X YES 2 ND	
57 N. Main						1757	1756					U. S	· A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxicen, Puerto Rican, etc.) 14. RACE — American India Black, White, etc. 1 YES 2 ND X Specify: 15. WAS DECEDENT OF HISPANIC DRIGIN? (Specify Yea or No—If yee, specify Cuban, Maxicen, Puerto Rican, etc.) 16. WAS DECEDENT OF HISPANIC DRIGIN? (Specify Yea or No—If yee, specify Cuban, Maxicen, Puerto Rican, etc.) 17. WAS DECEDENT OF HISPANIC DRIGIN? (Specify Yea or No—If yee, specify Cuban, Maxicen, Puerto Rican, etc.)								, White, etc.						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) Manager 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Public School Cafeteria								feteria						
17. FATHER'S NAME (First, M	liddle, Last)					ts	MOTHER'S	NAME	(First, Middle, I			-		
Westley Kit				19h MAILING	ADDRESS /St	mad and A			Snyd					
Thurman I	E. Kefa	uver											le, Md.	
20a. METHOD DF DISPOSITION 1 X Buriel 2 Cremetion 4 Donation 5 Other	n 3 🗆 Remo	val from Stale	20b. PLA cemetery	CE AND DATED , crematory, or off	F DISPOSITIO	N (Neme o	of	9-9	DATE 2	Oc. LOCA	TION -	City or To	wn, State 21756	
4 Donation 5 Other (Specify) Fairview Cemetery 4-9-92 Keedysville, Md. 21756 21. SIGNATURE OF FUNERAL SERVICE COMMENTS OF FACILITY 7606 Old National Pike														
John H. Bast Jr. BAST FUNERAL HOME, Boonsboro, Md. 21713														
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory srrest, shock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to IOR AS A CONSEQUENCE OF:														
If any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or Inju- thet initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.													
PART II. Other algnifica	nt conditions	contributing to	death but no	ot resulting in	n the under	iying ce	use given	in Par	rt i. 24a. W	AS AN AU	TOPSY	246.	WERE AUTOPSY FINDINGS	
					``				- 1	ERFORME /ES 2 (∑			AMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?	
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:				6. PLACE	DF DEATH ((Check	only one)					
1 VES 2 NO		1 Inpatient 2		3 DOA				7	Other (Specif					
1 Matural 5 🗆 I	Pending nveetigation	26a. DATE DF I (Month, Da	y, Year)	26b. TIME INJU	PRY	WORK?	2 No	28	d. DESCRIBE	JLNI WOH	URY OCC	CURED		
	Could not be letermined	28s. PLACE OF building, e	INJURY — At tc. (Specify)	home, lerm, st	reet, factory,	office		26	I. LOCATION (S City or Town,	Street and State)	Number	or Rural Ro	oute Number,	
29e. CERTIFIER 1 CERTIFIER one) 2 MEDIC	FYING PHYSICI	IAN: To the best of r	ny knowledge, amination end/	death occurred	d at the time,	data and	place, and d	lua to t	the cause(a) er	nd manne	r ea atate	ed. e cause(n)	and manner as stated.	
296. SIGNATURE AND TITLE	4	The	No			_	LICENSE N						(Month, Day, Year)	
30. NAME AND ADDRESS OF PERL	Kuat	COMPLETED CAUSE	OF DEATH (TEM 27) (Type, I	Print)	he	X-	ما	LCVIII	, in	2	1	75/2	
31. DATE FILED (Month, Day,) APR 08 19	392	22. REGISTRAR	S SIGNATURE		19 -4	116	111	CU	MAIII	e 1	114	d	100	
ALIVO	114	a market	and Mary	- pro-										

den and for the same of the sa	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		
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	195	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	And the second s

31. DATE FILED (Month, Day, Year)
APR 13 1992

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF I	HEALTH AND DEATH	MENTAL HYGIEN REG. NO	IE .	2 10743		
		Virginia Ke	ndle			2. DATE OF DEATH MONTH April 9,		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 225-34-4538	1 🗌 M 2 🖽 F		F UNDER 1 YEAR	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) April 7,	1928	BIRTHPLACE (State or Foreign Country) Virginia		
LOR		on County Hospital			or location of o	DEATH		y of OEATH nington		
DIRECTOR	nesidence of decedent 100. STATE 100. COUNTY Maryland Wa	state 10b. COUNTY aryland Washington			TION WI			10d, INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO		
FUNERAL	10e. STREET AND NUMBER 629 Medway Road			10	21740			N OF WHAT COUNTRY?		
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 2 NO	If yes, ap	ENDENT OF HISPA	ANIC ORIGIN? (Specify Yes can, Puarto Rican, etc.)		J.S.A. 4. RACE — American Indian, Bleck, White, etc. Specify: White		
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (9-12) 0-12	16e. DECEDENT'S U. (Give kind of wo. life. Do NOT use Sales C	rk done during mo retired.)	ON ost of working	166. KIND OF BUS					
BE CO	17. FATHER'S NAME (First, Middle, Last) Melvin C.	Ward				AME (First, Middle, Maiden Bertha Lee	e Ding			
10	Mr. Richard Kendl	e				Route Number, City or Town. gerstown, 1				
	20a. METHOD OF DISPOSITION 1 PBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) ROSE HITT				ry	4-13 Has	gersto	FION - City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Parki-		415 Ea	ast Wils		Hagers	town, MD 21740		
	23. PART i. Enter the diseases, or created the control of the cont	Orle	d the deeth. Do not each line.		de of dying, au		retory srres	ot, Approximate Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):							
MEDICAL	PART II. Other significant conditions Recent Cry Braguery	PART II. Other significant conditions contributing to death but not resulting in the underlying of secret crossister of sphotosely beginning to the secret crossister of sphotosely begi						24IL WERE ALTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CALRIE OF GEATH? 1 YES 2 WO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMMENT 1 VES 2 1 MO	HOSBITAL:		THER:	ACE OF DEATH (Cr	Neck only one) 8 (1) Other (Specify)				
ВУ РН	27. MAINER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, West)	285. TIME C	OF 28c. BUJ		28d. DESCRIBE HOW IN	UURY OCCUP	RED		
	3 Suicide & Could not be determined	26e. PLACE OF INJUN building, etc. (%):e	Y — Al home, farm, stre	eet, factory, office		28f. LOCATION (Street a City or Times, State)	nd Number or	Rural Route Numbec		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI	IAN: To the best of my know	riedge, death occurred on and/or investigation,	at the time, data	and place, and du	n to the cause(s) and man	ner as stated.	ause(s) and manner as stated.		
TO BE C	390. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	elnen	m	8	29c, LICENSE NU	MBER		IGNED (Month, Day, Year)		

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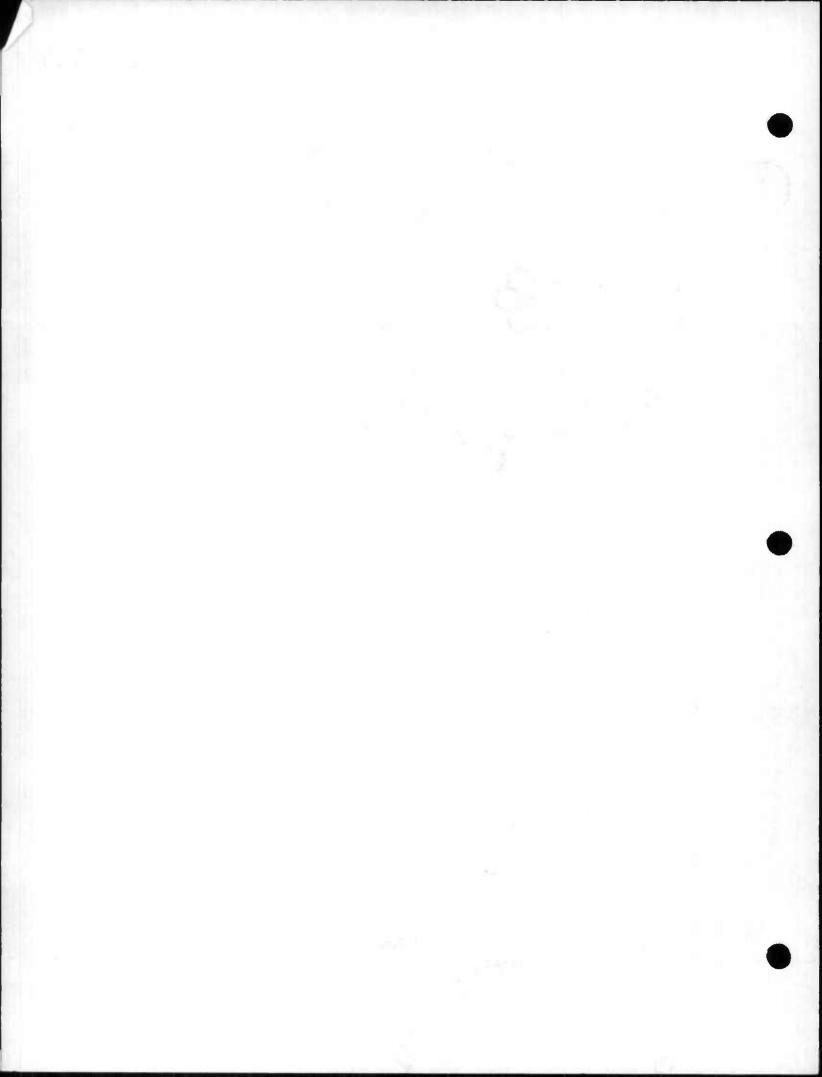
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STATE OF MARYLAND / DEPARTM	MENT OF I	HEALTH AND	MENTAL HY	GIENE
CERTIFIC	ATE OF	DEATH	RE	G. NO.

1	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPAR	TMENT	OF HE	ALTH ANDEATH	ND MEI	NTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Mary F Leu	MARY ETTA FLEM	ING	LEWIS	3			DATE OF DEATH DAY		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER 24 H	amı	DATE OF BIRTH (Morith, Day, Year)		Country	PLACE (State or Foreign () NSYLVANIA
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY,	TOWN OF	LOCATION	_			NTY OF DI	
TOR	WILLIAM HILL MANOR CAMBRIDGE DORG							CHEST	IESTER		
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION CAMBRIDGE							10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
- 1							10g. CIT	IZEN OF W	HAT COUNTRY?		
FUNERAL	1845 BRANNOCKS NEC					2161	-			S.A.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	2, WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED IO	100	f yes, spec		Mexican, P	ORIGIN? (Specify Yes o werto Rican, etc.)	or No-	Speci	:— American Indian, t, White, etc. hy: TE/CAUC.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	rapleted) (GI	hm kind of	Work done of retired.)	CCUPATION during most	t of working		16b. KIND OF BUSI	NESS/INI	DUSTRY	
MPI	17. FATHER'S NAME (First, Middle, Lest)		TEAC	HER		40 14071150	DIO MARKE	EDUCA (First, Middle, Maiden S		N	
	BENJAMIN FRANKLIN	N FLEMING				16. MOTHER		CORA	surrecreey		
TO BE		SON)						Number, City or Town			. 21613
	20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remove	20b. PLACE other ple	OF DISPO	SITION (Ne	me of cem	etery, cremato		20c. LOC	ATION —	City or To	wn, State
	4 Donation 5 Other (Specify)	DORCH	ESTE			ADDRESS	OF FACILI		AMBK	LDGE	, MD.
	· Geller For	rax Brome	uel		308 I	HIGH S	STREE	HOME ET, CAMBR			. 21613
	23. PA I Inter the diseases, or conshock, or heart fellure. Lin	nplications that caused the de it only one cause on each line	eth. Do	not enter	the mod	le of dying	, such a	a cardiac or respir	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Responde	5001	Tou	lew						Onset and Death
	resulting in death) a.	ONE TO FOR AS A CONSEQUENCE OF: Correction Heart Forler									
NO O	Sequentially list conditions,										
CAT	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	V									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE (OF):							
_	PART II. Other eignificant conditions	contributing to death but not	resulting	In the u	nderiying	cause giv	ren in Pa	rt I. 24s. WAS AN		248	. WERE AUTOPSY FINDINGS
MEDICA	Deneuli	14						PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC								-		- [1 - YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEA	ATH (Check	only one)			
SIC		HOSPITAL:	DOA	OTHE 4 Nu		o 5 🗆 Resk	dence 8	Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Tř	ME OF JURY M		URY AT RK7 res 2 1		8d. DEŞCRIBE HOW I	NJURY O	CCURED	
TED BY	2 Accident investigation 3 Sulcide 8 Could not be determined					ne, farm, street, factory, office 28f. LOC			1. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	(Critical Urity	AN: To the best of my knowledge, do									(e) and menner as stated.
BE	200, SIGNATURE AND TITLE OF CONTIFIER	Plu as				29c, LICEN	1/5	200		TE SIGNE	D (Morith, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	EM 27) (Ty)	pe, Print)	1 kg	local	mel	7-169	}		
	31. DATE FILED (Month, Day, Year) APR - 8 °92	32. REGISTRAR'S SIGNATURE					b.;				





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 2.4. Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNESAL DIRECTOR. Am this certificate has been signed by the attending physician and completing filled in by the tuneral director, page 5 should be detached for use as the bursal-transit			
or atten	for use as			
W hospita	Setsiched		once.	
alned by t	hould be		Hed at	
tay be rat	bage 5 s		it be no	
Page 6 m	al director,		ner mus	
by death.	The furners	Mal	al exami	
# state.	fled in by	n, or rem	e medic	
d within a	mpletnly 9	, eremitto	event, th	
e cestule	an and co	r to burla	umatic	
artificate 1	ing physic	gene prio	other tra	
o gesty o	the attend	Mental Py	qury, or	
res that th	igned by	ealth and	es any le	
law requ	as been s	Dept. of H	23 show	
CLAN: The	ertificate?	the State	or item	-
NG PHYS	the this o	seth with	marked,	
R ATTEND	RECTUR. A	an after de	m 28 is	
SPITAL OF	WERAL DIS	No. 72 hou	AT. II Ito	
TO THE HO	TO THE RUI	be slied within 72 hours after death with the State Dept. of Health and Mersal Hygiene prior to buristi, cremation, or removal.	IMPORTANT: If Isom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
				a

	FOR 1 - STATE REGISTRAR	STATE OF MAR					EALTH DEAT			REG. NO	E	4	10745	
	John Ogden Lipse	.,							MONT		1002	YEAR	3. TIME OF DEATH	M
			AGE (in yrs. last i	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE	il 4,	1992	O. BIRT	21:10 THPLACE (State or Foreign	144
	161-05-9908	1 🔯 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	May	13, 1	914	Phi	ladelphia,	I
200	9a. FACILITY NAME (if not institution, give stre	et and number)			9b. CITY	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF		
DIRECTOR		Union Hospital of Cecil County Elkton					Ce	cil						
EC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	-				
5	Maryland	Cecil			Noi	th 1	East						1 TES 2 KNO	
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODI				10g. CIT	IZEN OF	WHAT COUNTRY?	
E I	379 Walnut Lane				L			2190					U.S.A.	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 NO	NEO O	1.0	If yes, apo		n, Mexica	n, Puerto	N? (Specify Ye Rican, etc.)	s or No—	Blo	CE — American Indian, ck, White, etc.	
BE COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DEC	EOENT'S	USUAL O	CCUPATIO	N at of workin	10	160	b. KIND OF BU	SINESS/IN			_
9	Elementary/Secondary (6-12)	College (1-4 or 5+)					st of workin			-				
MP	17. FATHER'S NAME (First, Middle, Leaf)	12 2 Inspection Engineer				ME (First		pont	Cor	p.	_			
8	William Knott Li	osev						ary I			- Surneme)			
BE	19s. REFORMANT'S NAME (//po/Print)	3307	19b.	MAILING	ADDRES	S (Street a				aber, City or Tov	vn, Stefn, Zi	p Code)		
2	Margaret D. Lipsey	У	37	9 Wa	lnut	Lar	ne I	Vorti	n Eas	st, MD	219	901		
	29s. METHOD OF DISPOSITION 1-1 Burlet 2 Cremetion 3 Remove 4 Denetion 5 Other (Specify)		20b. PLACE D other plac Hart	S C	Cemet	ery					k Nec		Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE /	uk	1		couch	D ADDRE	neral	L Ho	me reet	Nontel	a Fa	st. MD 2190	1
CERTIFICATION	23. PART I. Enter the diseases, or co shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR		UENCE O	F):	the mo	de of dy	Ing, suc	h aa ca	rdiac or reap			Approximate Interval Betwee Onset and Dea	
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions	contributing to dea	eth but not re	sulting	In the u	nderlyln	g cause	given in	Part I.	24a. WAS A PERFO 1 YES	RMED?	2	4b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26, PI	ACE OF (DEATH (C)	eck only o	one)				_
Sic	EXAMINER?	HOSPITAL:	VOutpatient 3	□ DOA	OTHE		e 5 □ R	esidence	6 🗆 Ott	ner (Specify)				Т
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJ (Month, Day,)		28b. TIN		28c. IN.	URY AT PRIC? YES 2 [ESCRIBE NOW	INJURY O	CCURED		
TED B	3 Butcide 6 Could not be 4 Homicide determined	28s. PLACE OF IN building, etc.	IJURY — At hor . (Specify)	me, ferm,	street, fac	tory, offic	•			CATION (Street y or Town, State		er or Run	al Route Number,	Ī
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSIC original 2 MEDICAL EXAMINER												e(s) and manner as stated.	
BE CO	29b. SIGNATURE AND LITTLE OF CERTIFIER	9.6					29c. LIC	ENSE NU	MBER			TE SIGN	ED (Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Thomas E. MD 3 Mauldin Ave. Finucan, Morth East, MD 21901

APR 06 92

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall



BALTIMORE, MARYL	is after death. Page 6 may be retained by the	by the funeral director, page 5 should be or	dienel accompany on the profile of the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of filed within 72 hours after death with the State Deot. of Health and Mental Hotelee prior to busing comparison or removal	WOORTANT Hism 28 is marked or item 22 shows any injury or other featureds when medical assembles and the medical assembles.

1 -	FOR STATE REGISTRAR		STATE OF MA		ARTMENT OF	HEALTH AND F DEATH	MENTAL HYGI REG.		
1.5	SOCIAL SECURITY NUMBER 192 - 32 - 9 FACILITY NAME (If not ins	A D 188	□ M 2 X F	M . AGE (In yrs. last birtho	S. MONTHS DAYS		2. DATE OF DEAT MONTH 7. DATE OF BIRTIN (Month, Day, Yes	12 S	YEAR 3. TIME OF CEATH M. BIRTHPLACE (State or Fringe)
STOR H	STATE	ON COUNTY	. Hospi	, 10c.	1	ERSTO			SHING TON
₹ 100	PA STREET AND NUMBER 536 PAF	FR 3K ST	ANKLIN		MONT	ALTO 101. ZIP CODE 1773	7	10g. CITIZE	I LIMITS? 1 LES 2 NO EN OF WHAT COUNTRY?
Ø 3 €	MARITAL STATUS Never Married 2 Never Married 3 Never Married	lerried	2. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 THO	If yes,	ECENDENT OF HISPAI specify Cuben, Maxica ES 2 NO Specifi	in, Puerto Rican, atc.		4. RACE — American Indian, Black, Whita, etc. Specify:
, ₹	(Specify only Elementary/Secondary (0-1 1 Z_		ION npleted) College (1-4 or 5+)	(Give kind life. Do NO	T'S USUAL OCCUPA of work done during T use retired.)	ITION most of working		BUSINESS/INDU	STRY
8	FATHER'S NAME (First, Mid DANIEL INFORMANT'S NAME (Typ.	C. Z	BITTIA		INQ ADDRESS (Street	18. MOTNER'S NA EM III) It end Number or Rural		NER)	ada)
1 13	DAVID S.METHOD OF DISPOSITION (Burlal 2 Cremetion	N 3 Bernove	I from State	53.	L PARK	ST. Mo.	NT ALT	D PA	17237
	Donation 5 Other (See Bowers	cometory operatory	GR.	EM. AND ADDRESS OF FA OVE FUN S BROAD	ERAL	HOME	ILTO, PA
CATION See 1 H 1 Cat CA	PART I. Enter the dis shock, or her MEDIATE CAUSE (Fine lease or condition suiting in death) quentielly list condition my, leading to immediate. Enter UNDERLYIN Use. Enter UNDERLYIN It initiated events	s. s. s. s. s. s. s. s. s. s. s. s. s. s	ROLL DUE TO (OF	aused the death. Don eech line. A A A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	C488	t duck			
MEDICAL C	RT II. Other aignifican	wa	ontributing to de	eth but npt resulting			PER 1 □ VEI	AN AUTOPSY FORMED?	34b. WERE AUTOPSY FINORINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
YSIC	EXAMINERY 1 YES 2 NO MANNER OF DEATH	H	OSPITAL: inpetient 2 ii EP	DOutpatiers 3 [] DO	OTHER:	PLACE OF DEATH (Ch	6 Other (Specify)		
ВУР	Natural 5 P	restigation	(Month: Day)	tury JURY — At home, fan	M +	NAURY AT WORK? YES 2 NO	28d. LOCATION (SM		
19 1 29a.	CERTIFIER (Check only	YING PNYSICIAL	N: To the beat of my	knowledge, death occ	urred at the time, de	ite and place, and due	to the cause(s) and	menner se steted.	
296. 30. h	SIGNATURE AND TITLE OF	F CERTIFIER PERSON WHO C	OMPLETED CAUSE C	F DEATH (ITEM 27) (7)	mpe, Print)	29c. LICENSE NUM			IGNED (Month, Day, Year) 14/5 21740
31. 0	AFR 14 199	2 8	32. REGISTRAR'S	SIGNATURE					

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

R.L. Kugler

92 10747 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Mortenson MARTON YEAR MORTTENSEN 1999-*84 1/0 9:40 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 8. BIRTHPLACE (State or Foreign 526- 03- 0388 1 M 2 F 89 DAYS 08-25-02 Penna. 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH REEDERS MEMORIAL HOME DIRECTOR BOONSBORO, MD 21713 WASHINGTON RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick YES 2 NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4010 Cap Stine Rd. 21701 U. S. A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Maxican, Puerte Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. Spen I TC 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumarne) Frank Reed Jessie Unknown 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2537 Flag Marsh Rd., Mt Airy, Maryland Carol L. Wiles 20a. METHOD OF DISPOSITION

M☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State DATE 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Johnsville Methodist Cem. 4-13-92 Union Bridge, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7606 OLd National Pile BAST FUNERAL HOME, Boonsboro, Md. John H. Bast, Jr. 21713 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath disesse or condition Chyostine heart Sailer with cardiogram shock resulting in death) of m+h CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 - NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER:
4 M Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 W Netural 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED

29a. CERTIFIER

(Chack and)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data end place, and due to the cause(e) and menner as stated.

Geet

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32. REGISTRAR'S SIGNATURE Danison-Re

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

Lane

29c. LICENSE NUMBER

2657

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla he filed within 72 hours after death with the State Deat of Health and Mental Hydiene Differ in burlar command.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN	D MENTAL HYGIEN		10740		
	1. DECEDENT'S NAME (First, Middle, Last	D. Me	CARTY	, Jr.	2. DATE OF DEATH MONTH		3. TIME OF DEATH 2. 16.132		
	4. SOCIAL SECURITY NUMBER 216-90-5276 9a. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	19 YRS.	IF UNDER VYEAR IF UNDER 24 HR	(Month, Day, Year) 09/29/197	2 H	ountry) agerstown, Md.		
СТОВ									
DIRE	Maryland Was	hington	ide. dri, rom on Education				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	13914 Orchard R	idge		101. ZIP CODE 21750		10g. CITIZEN USA	OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	13. WAS DECENOENT OF HIS If yes, specify Cuben, Me	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 VES 2 XNO Specify:				
ETED	15. DECEOENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	le completed)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	16b. KIND OF BUS	SINESS/INDUSTI	White		
COMPLI	12	College (1-4 or 5+)		ian/Mechanic	ive				
E CO	17. FATHER'S NAME (First, Middle, Last) Paul Douglas	McCarty Sr		NAME (First, Middle, Maiden Jean Younke					
0 8	19e. INFORMANT'S NAME (Type/Print)	DOTITIA DDRESS (Street and Number or Ru			0)				
	Paul D. McCarty, Sr. 13914 Orchard Ridge Hancock, Md. 21750 200. METHOD OF DISPOSITION 2016 PLACE AND DATE OF DISPOSITION (Name of Date of Disposition) 200. PLACE AND DATE OF DISPOSITION (Name of Date of Disposition)								
	Commetten State Commetten State Commetten State Commetten Comm								
	21 SHOW OF THE PAIN RAL SERVICE L	22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY Crove F.H. 141 W.Main St. Hancock, Md. 21750 23. PARK-I. Enter the diseases of complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, Approximate							
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	wo chest	nect , k	ner	WII 4,		
N: MEDICAL CE	PART II. Other significent condition	ns contributing to death b	ut not resulting in	the underlying ceuse given	in Part i. 24s. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 1 0	26. PLACE OF DEATH	(Check only one)				
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) 4 /2 9 ~	28b. TIME		28d. DESCRIBE HOW IN	wreck	D		
ETED E	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		et, factory, office	261. LOCATION (Street a City or Town, State)	1 6	vel Route Number		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my know ER: On the basis of examination	ledge, death occurred n and/or investigation,	at the time, date and place, and d	fue to the cause(s) end men	ner sa stated,	1		
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	edel		29c. LICENSE P	L66	29d. DATE SIGN	NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WE	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, PI	Thoa Ac	HAGEISTON	ur les	0		
	APR 13 1992	J 32. REGISTRAR'S SIGN	ATURE		1				

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or are	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filled within 72 hours after death with the State part of Health and Mental Human hold to having comments on a comment.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF I	WARYLAND	/ DEPAF	RTMEN	T OF I	HEALTH	AND	MENT			92	1074	
	1. DECEDENT'S NAME (First, Middle, Lest) Agnes	Wel		Mye		L OF	DEA	in_	2. DAT	REG. NO	AV	d'EAR :	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-01-8618	5. SEX 1 M 2 X F	6. AGE (In yrs. Ia	est birthday) YRS.	IF UND	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		7. DATE OF BIRTH 5/24/10		8. BIRTHPL. Country)		LACE (State or Foreign	
OR	99. FACILITY NAME (If not institution, give Carroll Co. G		ρ.				nst		EATH		1	INTY OF OEA	ATN	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Md	rroll				on Local							0d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 58 W. Green S	t		1	9 0 111	-	211				10g. CIT		X YES 2 NO	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NQ	13	If yea, sp	ENDENT C	OF NISPA	in, Puerto	IN? (Specify Yes	e or No—			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5) (G	Sive kind of a n. Do NOT us	susual occupation work done during most of working se retired.) / manager resturant									
OM	17. FATNER'S NAME (First, Middle, Last)		OW	/IIGI/	IIIa.	nage		NER'S NA	ME (First	Middle, Malden	_	C .		
BE C	Charles R.	Welty												
TO B	Charles R. Welty 196. INFORMANT'S NAME (Type/Print) Lillian Gnaedinger 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) W. Green St. Westminster, Md 2115													
	20a. METHOD OF OISPOSITION 1 Burlet 2 Cremeiton 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE competery, cre PLE3	AND DATE OF STATE OF	of DISPO	alle			1		etninster, Md			
	21. SIGNATURE OF FUNERAL SERVICE LI	Ent	00		Po We	ritt estm	s Fu	iner Jer	ral Md	Home 211	57			
	immediate Cause (Finel disease or condition resulting in death) Metastate Colon Cancer / ma										Approximate interval Batweer Onast and Deatl			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PERFORMEO? 1 YES 2 NO NO DEATH?											ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 700		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					20 DI	ACE OF O	FATH (O)		L				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:	ACE OF O	-,			_			
ву РНУ	27. MANNER OF OEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY CONCRY INJURY M 1 YES 2						The state of the s						
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							281. LOI City	CATION (Street a or Town, State)	and Number	or Rural Roul	le Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICONO) 2 MEGICAL EXAMINE	CIAN: To the best of R: On the bests of ax	my knowledge, de amination and/or i	eath occurre	d at the	lime, data opinion, de	and place, outh occur	and due	Io lhe ce time, det	use(s) and man	ner as stat	ed. e cause(s) ar	nd manner as stated,	
296. LICENSE NO.														

of PERSON WHO COMPLETED CAUSE OF DEATH LITEM 27) (Type, Print) for High Med CH

32 REGISTRAR'S SIGNATURE
Fishe Davidson Randall

APR 8 92

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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		F MARYLAN	D / DEPART	IMENT OF H	IEALTH AND		GIENE
1. DECEDENT'S NAME (First, Middle, Let	,	arold	MERC	ER		2. DATE OF DEA MONTH March	DAY
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	IN

1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH 3. TIME OF DEATH														
Homer Harold MERCER March 11, 1992 6:10 a														
	W You (in year outhout)						1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Montt	OF BIRTN		8. BIRTH Country	PLACE (State or Foreign
217-10-078 94. FACILITY NAME (If not in	4	1 X M 2 □ F	/(, ,	YRS.	Mar. 24,1921 Mary						ryland		
	9			OR LOCATI		EATN		9c. COU	NTY OF D	EATN				
Frederick		F	red	eric	C			F	redei	cick				
10a. STATE	10b. COUNTY			10	C. CITY, 1	TOWN O	R LOCAT	TION						10d. INSIDE CITY
Maryland	Fre	derick			F	Frederick							LIMITS?	
104. STREET AND NUMBER	1 0						101	ZIP COD		-				THAT COUNTRY?
218 East S	1xth S	treet						21	701			l	J.S.A	١.
11. MARITAL STATUS	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U	2 THO)	13. V	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indian,
1 Never Married 2 Married FORCES? 1 YES 2 MAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.) If yes, specify: White														
15. DECI (Specify only	EDENT'S EDUC	CATION completed)	1	6a. DECED	ENT'S US	UAL OC	CUPATIO	ON st of working		16b.	KIND OF BUS	SINESS/INC	USTRY	
Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do i	NOT use n	etired.)	aring mo	St Or WORK	·v					
7				F	orem	an					Frede	rick	Brio	k Works
17. FATNER'S NAME (First, Mi								18. MOTI	HER'S NA	ME (First, A	Aiddle, Maiden	Sumame)		
Charles		eland	MER	CER					essi	_	Mae		COMS	
19a. INFORMANT'S NAME (Ty											er, City or Town			
Mrs. Mary		cer		21	8 Ea	st	Six	th St	ree	t, Fr	ederi	ck, 1	lary1	and 21701
20a. METNOD OF DISPOSITION 1 Department 2 Cremetion 4 Donation 5 Dither	n 3 🗆 Remo	rval from State	20b. PI cometa MO11	ry, cremato	DATE OF E	placa)	TION (Na	meof	3	/13/C		dori		aryland
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSE	11100	are o.	1110	22. N	AME AN	D ADDRES	S OF FA	CILITY				
Kett 4	m K	Chesi	an M	10070	6						P.A. F			
23. PART I. Enter the di	seases, or c	omplications the	t ceused ti	ha death.	Do not	enter f	ha mo	de of dyi	ng, suc	h es cerd	lsc or respi	rstory err	est.	Approximats
shock, or he IMMEDIATE CAUSE (Fine	art lendre. L	list only one cau	se on asci	h iine.				·						Interval Between
disesse or condition	-	(300	a it		11		+		1					Onset end Death
resulting in death)		DUE TO	OF AS A C	ONSEQUEN	ICE OF):	Car	1	10	- 10					
		Pa		NI										i
Sequentisity list condition if any, issding to immed		DUE TO	(OR AS A CO		ICE OF):									
cause. Enter UNDERLYIN	NG													
that initiated events		DUE TO	(OR AS A CO	ONSEQUEN	ICE OF):									
resulting in death) LAST	d													
PART II. Other significer	t conditions	contribution to	donth hut		Al 1 . 4									
V 9	in conditions	counting to	daeth but	not resul	ting in t	na und	lariying	ceuse g	iven in	Part I.	24s. WAS AN / PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
1-00	1 15	court								_	1 TES 2	NO		COMPLETION OF CAUSE DF DEATH?
- diabel-	4 7	rell, fu)									1		1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				THER		ACE OF DE	EATH (Che	ock only one)			
1 TYES 2 NO		1) thpatient 2	ER/Outputie	ont 3 🗆 D				5 Re	sidence	6 🗆 Other	(Specify)			
27. MANNER OF DEATN 1. Natural 5 P	lo mello o	28a. DATE OF (Month, De		288	INJURY	F 2	8c. INJU			28d. DE\$6	CRISE HOW IN	JURY OCC	URED	
	1 Very 2 Pending													
3 Suicide 6 Could not be determined determin									ute Number,					
4 Homicide determined City or Town, State)														
29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.														
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.														
20h SIGNATIIRE AND TITLE OF CEDTREED														
austi Misson						DO9689				29d. DATE SIGNED (Mapth, Day, Year)				
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E F DEATH	(ITEM 27)	(Type. Prin	nt)		и	מטכני	,		,	111	170
A. Austin Pearre, Jr., M.D., 300 West Ninth Street, Frederick, Maryland 21701														
31. DATE FILED (Month, Day, Ye	1002	Julia Lai	R'S SIGNATU	hands 0	0				1					
MAKIS	1334	guna vai	19000-1	Justine										

green francisco

1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HI		MENTAL HYGIENE REG. NO.	- 14	10731				
1. DECEDENT'S NAME (First, Middle, Last) ROBER-+	Robert	Leon	ORGA	RGAN	2. DATE OF DEATH DAY	VEAR 92	3. TIME OF DEATH				
	2 F	59 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	oct. 22,19	8. BIRT	HPLACE (State or Foreign				
Washington County			Hagers		EATH		Washington				
	ington	toc. CITY,	Keedysv				1 M YES 2 HO				
47 South Main Stre	et			21756	1		U.S.A.				
t Hever Merried 2 Merried 3 Wildowed 4 To Divorced	2. WAS DECEDENT EVER IN FORCES? (X) YES IF YES, GIVE WAR OR DA	2 HO	If yes, spec	NO Specif	NC ORIGIN? (Specify Yea or n, Puerto Rican, atc.) y:	No — 14. RAC Blac Spec	E — American Indian, k, White, etc. White				
ts. DECEDENT'S EDUCAT (Specify only highest grade col Elemantary/Secondery (0-12)	TON mpleted) College (1-4 or 5+)	life. Do NOT use	ork done during most retired.)	of working	16b. KIND OF BUSIH						
17. FATHER'S NAME (First, Middle, Lest) George Edward	d MORGA	/4	nter		ME (First, Middle, Maiden Sui	meme)	Contractor				
t9e. INFORMANT'S NAME (Type/Print)	u Porga	19b. MAILINO A			Route Number, City or Town, S						
George E. Morgan 20a. METNOD OF DISPOSITION 1 XBurlel 2 Cremellon 3 Remove	I from State 20b.	PLACE AND DATE OF	F DISPOSITION (Nem	a of		TION — City or To	own, State				
Commetter Comm											
23. PART I. Enter the diseasea, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory erreat, shock, or heart feliure. List qniy one couse on each fine. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART ii. Other significent conditions of	contributing to deeth bu	it not resulting in	the underlying	ceuse given in	Pert I. 24e. WAS AN AU PERFORME t YES 2	D?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 255 NO				
	OSPITAL:		OTHER:	5 Residence	8 Other (Specify)						
27. MANNER OF DEATH 1	28a. DATE OF IHJURY (Month, Day, Year)	28b. TIME IHJUI	OF 28c. INJUI	TA Y	28d. DEŞCRIBE HOW INJU	PRY OCCURED					
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, tarm, atr	reet, fectory, offica		28f. LOCATION (Street and City or Town, State)	Number or Rural I	Route Number,				
29e. CERTIFIER (Check only one) 1 CERTIFVIHO PHYSICIA EXAMINER: C	H: To the best of my knowle On the bests of examination	edge, death occurred	i at the time, date e	nd place, end due th occured at the	to the cause(s) end manner	es stated.	e) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME XNV ADDRESS OF REISON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM T) (Typo, P	ean Print	9c. LICENSP NUM	4359 H	M. DATE SIGNED	March, One 1947				
31. DATE FILED (Month, Day, Year) MAR 1 3 1992	30 REGISTRAR'S SIGNA Julia Davidson	Tune Randall	59 (Yo	tono	e Ave.	Stop	estour				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrope within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 72 hours after death with the State Dent, of Health and Mental Moiese orlor to burial, cremation, or removal.	Ce.
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110	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and within 72 hours after death with the State Dect, of Health and Mental Honeine prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	F 2	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYI			F HEALTH		IENTAL HYGI					
	1. DECEDENT'S NAME (First, Middle, Last)	P. Pou	dey				2. DATE OF DEATH MONTH 04/05/1	DAY	YEAR	3. TIME OF DEATH 5:57 PM		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAYS HOURS			7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Countr	IPLACE (State or Foreign y)		
	219-36-7074 9a. FACILITY NAME (If not inetitution, give :		3 YRS.	DL 0/77/ 70	WN OR LOCATI	211 05 05	03/04/19			RYLAND		
œ						ON OF DEA	NIH.		JNTY OF D			
6	DORCHESTER GENER				BRIDGE			TDOR	CHEST	VDIR		
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR L						10d. INSIDE CITY LIMITS?		
	MARYLAND DO 10e. STREET AND NUMBER	RCHESTER		WINGA	TE 101, ZIP COD	E		10a, CI	TIZEN OF Y	1 YES 2 NO		
ERA	2104 WINGATE-BIS	SHOPS HEAD RO	OAD			675				ISA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	II ye	DECENDENT (OF HISPANI on, Mexicen	C ORIGIN? (Specity , Puerto Rican, etc.		14. RACE Black Speci	14. RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	Sp. WISCHES 1 STOCKED WHITE/CAUC. 1s. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cottege (1-4 or 5 +) A TEACHER WHITE/CAUC. WHITE/CAUC. 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use retired.) TEACHER EDUCATION											
MO	17. FATHER'S NAME (First, Middle, Last)	4		TEACHE		HER'S NAM	NE (First, Middle, Mai		N			
BE C	FRANKLIN A.E.	PRITCHETT			H	ATTIE	SLACUM	1				
10	19a. INFORMANT'S NAME (Type/Print) (BROTHER) MR. FRANKLIN O. PRITCHETT 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City of Town, State, Zip Code) 1915 BISHOPS HEAD RD., BISHOPS HEAD, MD. 21672											
	26a. METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LI		ORCHESTE	22. NAI	ME AND ADDRE	SS OF FAC			502,	IIIKIBIND		
- 4	seller fur	rac- (nor	nwel	3	08 HIGH	L ST.	CAMBRI	DGE.	MD.	21613		
	23. PAIRT I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on a. Very Corn As	each line.	luch	Cor		a)			Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events											
ERT	resulting in death) LAST											
	PART II. Other significent condition	ns contributing to deeth	but not resulting	In the unde	riying ceuse	given in		S AN AUTOPSY	7 248	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
PHYSICIAN: MEDICAL								S 2 DAG		OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF I	DEATH (Che	ck only one)					
SIC	EXAMINER? 1 YES 2 AND	HOSPITAL:	stpatient 3 DOA	OTHER:			6 Other (Specify)	T				
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY	C. INJURY AT WORK?	□ NO	28d. DESCRIBE HO	OW INJURY O	CCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJUI	RY — At home, farm, pecify)	street, factory	, office		28f. LOCATION (St. City or Town, S		er or Rural	Route Number,		
COMPLETED	one)	SICIAN: To the best of my kno								s) and menner as stated.		
BE	2015. SIGNATURE AND TITLE OF CERTIFIE	ashti	in, M	5	29c. Life	PHSE NUN	1108	29d. D/	L)	Month, Day, Year) 5 9 2		
7	30. WIME AND ADDRESS OF VERSON W 408 Box of St	rect Ca	embr	e, Print)	, MC) (Judo	W	ASL	inston, AD		
	31. DATE FILED (Month, Day, Year) 2 APR - 8 97	Juha David	SON-Randell	2.) '		

31. DATE FILEO (Month, Day, Year)
APR 13 1992

		Page	
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	FOR	STATE OF N	ARVI AND	/ DEDAG	TRECN	IT OF 1	ICALTII	AND	BECNITAL	1110151		92	10753
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Leonard	C	ERTIF	ICAT	E OF	DEA	TH	2. DATE C	REG. NO	_	1:	. TIME OF DEATH
	Leonard	B	PAIME		9-				MONTH		AY //	YEAR 92	19 45
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le			ER 1 YEAR	IF UNDER	-	7. DATE O	F BIRTH		8. BIRTHPI	ACE (State or Foreign
		1 🐹 M 2 🗌 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) 1 2,19	947	Mary	
_	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D			-	UNTY OF DEA	
5	Washington Count	y Hospita	a1			Hage	ersto	wn			Wa	shing	ton
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CIT	y TOWN	OR LOCAT							
E C	Maryland Wash	ington											Od. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	Ington		1 11	agei	rstow 10	f. ZIP COD	E			10a CI		YES 2 NO
FUNERAL	9534 Downsville	Pike					21	740			1.00.01	USA	
S	11. MARITAL STATUS	12. WAS DECEDEN			13	. WAS DEC			NIC ORIGIN?	(Specify Ye	s or No		
BY F	1 Never Married 2 K Married	FORCES? 1 IF YES, GIVE W	YES 2 X	NO		If yes, sp		n, Mexics	in, Puerto Ri			Black, Specify:	- American Indian, White, etc.
	3 Widowed 4 Divorced							op.com,	,.			whi	te
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(6	ECEDENT'S Sive kind of	work done	during ma	ON ost of working	ng	16b. I	KIND OF BU	SINESS/IN	DUSTRY	
LE	Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	se retired.,)							
OME	10 17. FATHER'S NAME (First, Middle, Last)			truc	k di	iver							
	Leonard Bruce Pa	lmom Cm							ME (First, Mi				
BE	19a. INFORMANT'S NAME (Type/Print)	Lmer, Sr.		h MAH MC	ADDRES	20 (0)			ence I				
5	Pamela Palmer											Md. 2	1740
	20a. METHOD OF DISPOSITION		20b. PLACE					LTKE	, nag	-		City or Town	
	1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	cemetery cre		ther place	d			1				Maryland
	21. SIGNATURE OF FUMERAL SERVICE LIC	ENSEE	~		22	. NAME AN	ND ADORE	SS OF FA	CILITY		CISC	OWIL	naryland
	· Zestts.	m.	NMI	R					AL HO				
	23. PART I. Enter the diseesea, or c	omplications that	caused the de	eath. Do r	not ente	the mo	de of dvi	TSON	BTAG	, Ha	igers	town,	Md. 21740
	anock, or neart tellure.	List only one caus	se on each line	ð.			de or dy	ing, soc	II ala Cardii	oc or reap	iratory ar	rest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	lee	urib	T	4	-1	-	~ l. l	- 4	£ 1	12	1/ 1	Onset and Death
	reauiting in death)	DUE TO	OR ANA CONSE	OUENCE OF	F):	Ch	291	14 120	ent	1201110	1/	KAN	50 ddey
z													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury												
	that initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF	F):								
5													
1	PART II. Other aignificent conditions	contributing to	deeth but not i	resulting i	in the u	nderiying	g ceuse ç	lven in	Part I. 2	4s. WAS AN		24b. W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOR		C	MILABLE PRIOR TO OMPLETION OF CAUSE
Ä									_	1 1 1 1 2	400		F DEATH?
ä									_				_ ,23 2 _ NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Ch	eck only one)				
Sic	1 XYES 2 NO	HOSPITAL:	ER/Outpetlent 3	Y DOA	OTHE		e 5 🗆 Re	sidence	6 Other (Specify)			
E	27. MANNER OF DEATH	26a. DATE OF I	INJURY	26b. TIM		28c. INJ				RIBE HOW I	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation	Arr	11 92	7	PM	1 🗆 Y		NO	Molor	cycle	3/1	wek o	ve/e
ED	3 Suicide 6 Could not be	ounding, j	INJURY — At ho	- 2	treat, fac	tory, office	- (TON (Street a	and Number	r or Rural Rou	o Number,
	4 Homicide datermined	1	ichard	Rd					J., J.	74	1-1/4	y h	P
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of r	my knowledge, de	ath occurre	d at the	time, data	and place,	and due	to the cause	(s) and men	ner as atal	ted.	
OM	one) 2 MEDICAL EXAMINER	: On the basis of ax	amination and/or	Investigatio	n, in my	opinion, de	eath occur	ed at the	time, data a	nd placa, an	d due to th	he cause(e) e	nd menner as stated.
BE C	29b. SIGNATURE AND TITLE OF DESTURER	11. 1				T	29c. LICE						onth, Day, Year)
TO B	16 M	· Waln						011	266	0		Jul 1	92
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED OFFICE			_				-		_	11	

580 Northon

32 REGISTRAN'S SIGNATURE

HAGENTICH

Cevil 2

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR											
DECEDENT'S NAME (First, Middle, Last)							MONTE	OF DEATH	DAY	YEAR	3. TIME OF DEATN
Irene Marie Per		Division in the					APR		992		
SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yr	rs. last birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.	7. DATE	OF BIRTN	1005	8. BIRT	TNPLACE (State or Foreigntry)
367-20-1142	1 □ M 2 ▼ F		66 YRS.		000		001	19,	1925	Me	chigan
. FACILITY NAME (If not institution, give				100	TOWN OR LOC			•		INTY OF	
6906 Potomac Ave	2.			Brade	dock t	leight	3		Fre	der	ick
STATE 10b, COUNT	TV		40. 017	Y, TOWN OR	LOCATION						10d. INSIDE CITY
MD Frede						+.					LIMITS?
	DUCK		Бли	aaoer	Heigh				1		VES 2 NO
e. STREET AND NUMBER					101. ZIP C						WHAT COUNTRY?
6906 Potomac Ave						714				ISA	
I. MARITAL STATUS Never Married 2 1 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	If y	AS DECENDEN yes, specify C	uben, Mexico	in, Puerto I		es or No—	Ble	CE — American Indian, ack, White, atc. White
15. DECEDENT'S ED		16.	a. DECEDENT'S	USUAL OCC	CUPATION		16b	KIND OF B	USINESS/IN	DUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+)			ring most of w	orking					
		"	House	wife				Hom	e		
FATHER'S NAME (First, Middle, Last)					16, 8	OTNER'S NA	ME (First,)	Middle, Maide	n Sumame)	_	
Edmund Kraski								keivi			
. INFORMANT'S NAME (Type/Print)			10h MARI INC	ADDRESS /	Street and Nur		-			In Codel	
Robert M. Pennir	an tour										01711
e. METHOD OF DISPOSITION	igxon	-					шиио				21714
☐ Burlei 2 ☐XCremetion 3 ☐ Rei	movel from State	20b. PL	thsbur	SITION (Name	e of cemetery,	crematory or	0.0		OCATION -		
□ Donation B □ Other (Specify) —		- JIIV				4-7-	74				
23. PART I. Enter the diseases, or ehock, or heert feilure	r complications the	et ceused th	ne deeth. Do	Do R	AME AND ADI	UNCTOR	L Ho	me thabu	#.g MT.) <u>21</u>	, MD 21783 783 Approximate Interval Betwoonset and D
23. PART i. Enter the diseases, or ehock, or heert fellure	r complications the	et ceused th	ne deeth. Do	Do R	AME AND ADI	UNCTOR	L Ho	me thabu	#.g MT.) <u>21</u>	7 8 3 Approximata
3. PART I. Enter the diseases, or ehock, or heert feliure MMEDIATE CAUSE (Final lisease or condition esulting in death) sequentially flet conditions, any, iseding to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events	a. DUE TO	of coused the use on each of or As A Co	ne deeth. Do	not enter the	AME AND ADI	UNCTOR	L Ho	me thabu	#.g MT.) <u>21</u>	7 8 3 Approximata
3. PART I. Enter the diseases, or ehock, or heert fellure MMEDIATE CAUSE (Final lisease or condition esulting in death) Sequentially flet conditions, if any, iseding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esulting in death) LAST	a. DUE TO c. DUE TO d	ot coused the use on each of or as a co	ne deeth. Do ne deeth. Do nina. Netto	22. N/D/C/D/F):	AME AND ADI	PRESS OF FI	CILITY L Ho. Smi	me thabu diac or ree	piratory m	21'rrest,	7 & 3 Approximate Interval Betwoen Conset and Conset an
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3. PART I. Enter the diseases, or ehock, or heert feilure methods or heert feilure methods or condition essetting in death) sequentially liet conditions, any, iseding to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events essetting in death) LAST ART II. Other significent conditions.	a. DUE TO b. DUE TO c. DUE TO d	o (OR AS A CO	ne deeth. Do ne deeth. Do nina. Netto	22. N/D/C/D/F):	AME AND ADI	PRESS OF FI	CILITY L Ho Smi sh as corr	MQ <u>thabu</u> diac or ree	IN AUTOPSY ORMED?	21'rrest,	Approximate interval Betwoen Conset and Donate and Dona
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3. PART I. Enter the diseases, or shock, or heert feilure with the disease or condition besulting in death) disease or condition besulting in death) disease or condition besulting in death) disease or condition besulting in death) disease or injury that initiated events besulting in death) LAST ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death) ART II. Other significent condition besulting in death)	b	of coused the use on each of the coused the use on each of the coused the use on each of the coused	PONSEQUENCE CONSEQUENCE CONSEQ	OFF: OFF:	AME AND ADI AVÍS T T 3 T he mode of errlying ceu 26. PLACE 0: ing Home 6) 28c. INJURY A WORK? 1 YES	DRESS OF FILL PROPERTY OF DEATH (C) Tresidence T	Part I.	MQ LhAbu diac or ree 24a. WAS / PERF 1 YES PER (Specify) SCRIBE HOW	IN AUTOPSY ORMED?	2 2 CCUREO	Approximate interval Betwoen Conset and Donest and Done
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23. PART i. Enter the diseases, or ehock, or heert feilure MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 90. CERTIFIER (Check only	DUE TO DUE TO	of coused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use	DNSEQUENCE CONSEQUENCE . N/D(R) not enter the second seco	AME AND ADIA AVÍS T t 3 F he mode of L 26. PLACE (ing Home 6) 28c. INJURY A I VES Try, office	Be given in the property of th	Part I. Part I. 28d. DE 28t. LOC	MQ ThAbili diac or ree 24e. WAS A PERF 1 □ YES ATION (Street or Town, Stee use(e) end m	AN AUTOPSY ORMED? 2 [S/RO V INJURY O	2 2 CCUREO or or Rura	Approximate interval Betwoen Conset and Donest and Done	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Yours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)

MAR 1

8 1992

TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR; After this cert be filed within 72 hours after death with the MPORTANT; If Item 28 is marked, or	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	/ DEPAF ERTIF	RTMEN1	r of H	IEALTH DEA	AND I	MENTAL HYGIEN	1E	12	10755
	1. DECEDENT'S NAME (First, Middle, Last)	Palme	FALME						2. DATE OF DEATN	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX			T contain				MARI	3 1	992	7:08 PM
	146-09-2707	5. 5EX 1XXM 2 ☐ F	8. AGE (In yrs. les	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Morth, Day, Year) May 12,		Country	PLACE (State or Foreign
	9s. FACILITY NAME (If not institution, give s				9b. CITY	. TOWN C	OR LOCATI	ION OF DE		1900 L	Md.	ATM
OR	WASHINGTON COU	NTY HOS	SPITAL					NW				NGTON
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Υ		T 10c, CIT	ry, TOWN C	OR LOCAT	TON.					
	MD FR	REDERICK 2436 OLD NATIONAL PIKE, 1							L PIKE, M	IDBLETO	NWO	10d. INSIDE CITY LIMITS?
AR AR	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZ											AT COUNTRY?
FUNERAL	2436 OLD NATIO.							217	169		USK	}
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XX	O	, ,	If yes, spe	ecity Cubs	OF NISPAN an, Mexica Specify	NIC ORIOIN? (Specify Year, Puerto Rican, etc.)	s or No—	14. RACE Black, Specify	- American Indian, white, atc. White
TED	15. DECEDENT'S EQUE (Specify only highest grade	CATION completed)	/G	ECEDENT'S	work done o	CCUPATIO)N et of worki	na .	16b. KIND OF BU	SINESS/INDU	STRY	
J.E.	Elementary/Secondary (0-12)	College (1-4 or 5 +	re re	esear	ch:	Jan	DI 07 11	79				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	0	CI	nemis	t		40 MOT	TOO NA	Chem:	ical c	20.	
BE C	James Gillespi	e Blaine	Palmer						me (First, Middle, Meiden abeth Shanl			
TO BI	19a. INFORMANT'S NAME (Type/Print)			b. MAILINO	ADDRESS	(Street a	nd Number	r or Rural R	Route Number, City or Tow	m, State, Zip C	Code)	
F	Elizabeth P. Pa	lmer		2436	01d	Nat	iona	l Pi	ke, Middle	etown,	Md.	21769
	20a. METNOD OF DISPOSITION t □ Surial 2 🔯 Cremation 3 □ Remo	oval trom State	20b. PLACE A cemetery, cre	metony or or	ther place!				OATE 20c. LO			100
	4 Donetton 6 Other (Specific Community of Co											
	22. NAME AND ADDRESS OF FACILITY Donald B. Thompson Funeral Home											
-	31 E. Main St., Middletown Md 21760											
	23. PART It conter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. RESPIRATORY ARREST Due to (or as a consequence or):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): SEVERE LEFT CEREBRAL CONTUSION OUE TO (OR AS A CONSEQUENCE OF): FALL DOWN STEPS AT HOME OUE TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL	PART II. Other significent conditions	contributing to	deeth but not re	esulting i	in the und	deriying	csuse g	iven in i	Part I. 24a. WAS AN PERFOR	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 Pt /	ACE OF D	EATN (Che	ack only one)		1	
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			8 Other (Specify)			
РНҮ	27. MANNER OF OEATN	28a. DATE OF (Month, Da	INJURY	28b. TIME		26c. INJU WOR	JRY AT	alderice (28d. DESCRIBE NOW II	NJURY OCCU	RED	
BY	1 Netural 5 Pending 2 Accident Investigation	MAR 5	1992	2:20	AM	1 🗌 YI	ES 2 (INO	FELL DOW	UN 5	TAIR	S AT HOME
G	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, o	FINJURY — At horetc. (Specify)		and the same of	ry, office			281. LOCATION (Street a City or Town, State)			
	29a. CERTIFIER			ome					2436 OLD			- MIDDLETOW
COMPL	(Check only one) 2 MEDICAL EXAMINER	R: On the basis of ax	my knowledge, des	nvestigation	n, in my of	ne, data a pinion, de	and place, ath occur	and due t	to the cause(s) and man time, date and place, an	nner as stated d due to the	i. cause(s) a	ind manner as stated,
TO BE		of M.D.					D) (49 (D 8	29d. DATE S	SIONED (A	forth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	RD MD	E OF DEATH (ITEM	8 K	Print) ENL	y A	VE,	HI	46-ERSTO	DWN	MD	t, 1992 21472

32 REGISTRAR'S SIGNATURE Julia Davidson-Randall.

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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND A	/ DEPAR	ITMENT O	F HEALTH AI	ND MENT	AL HYGIEN		2	10756
	1. DECEDENT'S NAME (First, Middle, Last)		c	ERTIF	ICATE (OF DEATH	2. DAT	REG. NO	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220–48–8582	Jarriet 5. SEX 1 □ M 2 □XF	6. AGE (In yrs. In		IF UNDER 1 YE		HRS. 7. DAT	arch 1, e of Birth gh, Day, Year) Iy 4, 1	1992 .881		8 A. N
TOR	90. FACILITY NAME (If not institution, give st Meredian Nursing					wn or location Frederic			9c. COUN	Fred	ath lerick
DIRECTOR	Md. 10b. COUNTY	Freder	rick		y, town or L iddlet						10d. INSIDE CITY LIMITS? 120XYES 2 \(\text{NO}\)
FUNERAL	209 Wasington S	St.	T EVED IN II C A	PMED	I so uno	10f. ZIP CODE	21769		U.	S.A.	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO	II ye	DECENDENT OF N s, specify Cuban, M YES 2 1 NO	laxican, Puerto	ilN7 (Specify Yea o Ricen, etc.)	or No-	Black,	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(0	Bive kind of v Do NOT us	usual occur work done durin ne retired.)	g most of working	16	b. KIND OF BUS	wn ho		
BE CON		Adam Bidl					Mai	Middle, Meiden	sumeme)		
70	190. INFORMANT'S NAME (Type/Print) Charles Palmer			209	Washin	gton St.	, Mid	dletown	, Md.	21	769
	1 (X Burlai 2 Cremation 3 Hemol 4 Donetien 5 Other (Special)	-	cemetery, cri	emetory or of	Cemete		3/3		dleto	10	· ·
	23. PART I. Enter the disease, or c	Ottolications that	caused the de	neth Do n	31	nald B. E. Mair	St.,	Middle	town.	Md.	21769
	ehock, or heart fellure. I IMMEDIATE CAUSE (Finei disease or condition reaulting in death)	Cas	OR AS A CONSE	hent	fail.		such as ce	rdiac or reapi	ratory arre	pat,	Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE OF	P):						
ERTIFI	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		OR AS A CONSE	OUENCE OF	ŋ:						
MEDICAL C	PART II. Other algnificent conditions	contributing to	death but not i	resulting (n tha Under	ying cause give	n in Part i.	24a. WAS AN PERFOR	MED?	6	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	. PLACE OF DEATH					
ву Рну	27. MANNER OF CEATN 1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 I	INJURY	28b, TIMI	E OF 28c.	INJURY AT WORK?	28d. DE	er (Specify)	JURY OCC	JREO	
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At ho etc. (Specify)	ome, tarm, s	treat, tectory,	offica	28f. LOI City	CATION (Street a or Town, State)	nd Number o	r Rural Rou	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER										and menner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE	NUMBER		29d. OATE	SIGNEO (A	fonth, Day, Year)

2

to death but not resulting in the underlying cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED?
	1 TES 2 NO

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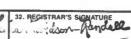
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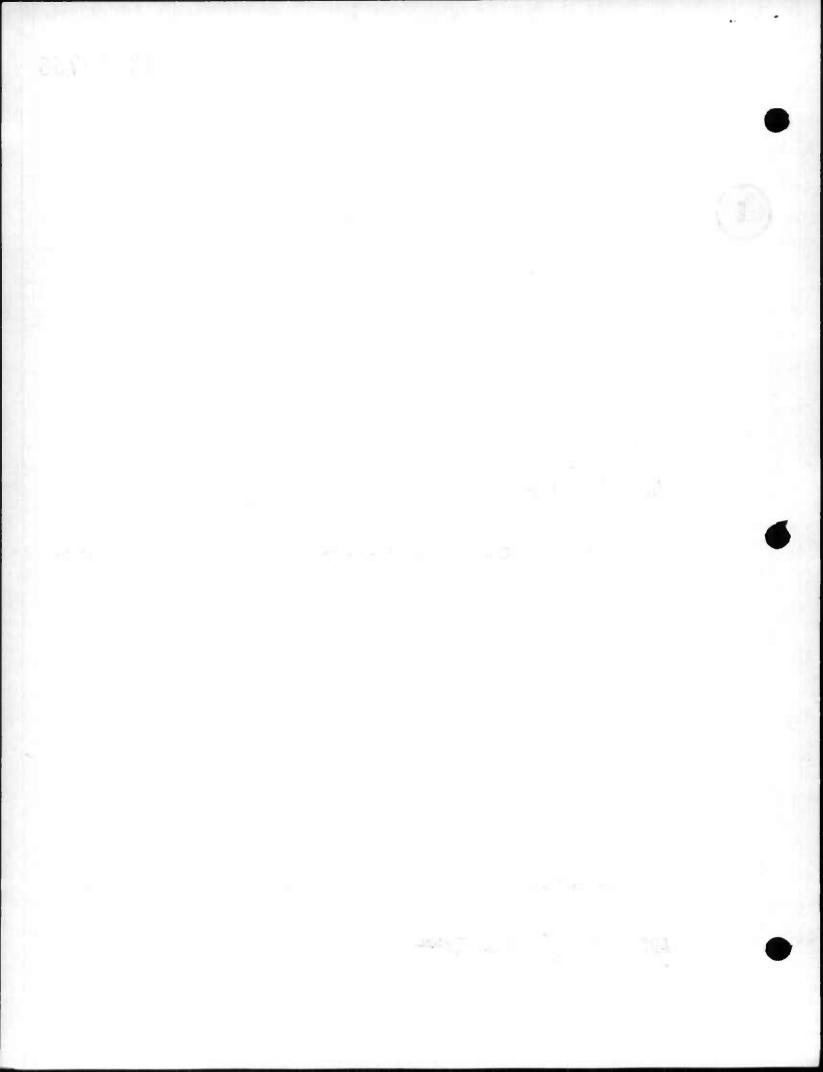
AG Li 3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

APR 03 1992



DHMH-18 Rev 1/89



	1. DECEDENT'S NAME (FIR	st, Middle, Last)	Charle	s Leut	rell P			DEATH	2. DA'	REG. NO	DAY	YEAR	3. TIME OF OEAT		
	4. SOCIAL SECURITY HUN	ABER	5. SEX		rs. last bighday)	IF UNDER 1	YEAR	IF UNDER 24 HR	5 7 DAT	E OF BIRTH	2 /	992	9,90 PLACE (State or Fo		
	212-12-037	6	1 🔀 M 2 🗆 F	93	YRS.		DAYS	HOURS MI	Mc (Mc	c. 18,	1898	Country)		
TOR	90. FACILITY NAME (I not Harfor Harford RESIDENCE OF DE	d Memo	erial Hos	pitall	ospital	96. CITY, TOWN OR LOCATION OF GEATH Hayre de Grace Fital Hayre de Grace					e. 18,1898 Maryland se. COUNTY OF DEATH Harford Harford				
DIRECTOR	10a. STATE	10b. COUNT	TY		10c. CIT	Y, TOWN OR	LOCAT	ION				10d. INSIDE CITY			
	Maryland		Cecil Port Deposit									10d. INSIDE CITY LIMITS? 1 YES 2 XXNO			
RAL	10e. STREET AHO NUMBER		101, ZIP CODE 10g, CITIZEN							IZEH OF WI	HAT COUNTRY?				
FUNER	671 Rock Ru	n Road	12. WAS DECEDEN						2190			U.S.A			
B	1 Never Married 2 X 3 Wildowed 4 Div		FORCES?	YES 2	S/Mo	If 1	yes, spe	ENDENT OF HIS acity Cuben, Me X X HO Sp	xican, Puert	SIN? (Specify Ye to Rican, etc.)	e or No—	14. RACE Black, Specify	- American India White, etc. White		
9		CEDENT'S EDU		164	a. OECEOENT'S	USUAL OCC	CUPATIO	ON at of working	1	66. KIHO OF BU	JSINESS/IND	DUSTRY			
COMPLET	Elementary/Secondary Twelve Yea		College (1-4 or 5	+)	(Give kind of life. Do NOT us Shippin	ng Div	vis	ion		Aberde	een P	rovin	ng Grour		
MC	17, FATHER'S HAME (First,				Assist			ger		Aberde		Marvl	and		
			d Pugh					18. MOTHER'S		Butche	,	t			
D BE	19a. INFORMANT'S NAME		9		19b. MAILING	AOORESS (Street ar	nd Number or Ru							
5	Helen R. Pu	0											and 2190		
	20a, METHOD OF OISPOSI 1 M Burlel 2 Cremati	ion 3 🗆 Ren	noval from State	cemeter	ACE AHO OATE	ther place)			1	TE 20c. LC	OCATION —	City or Tow	rn, State		
	4 Donation 5 Othe		Pewer	Wes	t Nott	ingha		emetery		5/92 (Colora	a, Ma	ryland		
	21. SIGNATURE OF PONES	AL SERVICE E	CENSEE							& Son	Funer	ral H	lome		
	9000	XIT	111810	22. HAME AHO ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903											
ATION	23. PART I. Edier the cahock, or i	neart tallure.	complications the	et ceused the	e deeth. Do r	Per not enter th	rryv	ville, de of dying, s	Mary	land 2	21903 Diretory arr	rest,	Approxima interval Be Onset and		
	IMMEDIATE CAUSE (F) disease or condition resulting in death) Sequentisity list cond if sny, leading to immedues. Enter UNDERLY	Itlons, addate	a. Due to	OR AS A CO	e deeth. Do rilline.	not enter the	he moo	ville, de of dying, s	Mary such se ca	land 2 Indisc or resp	21903 Piratory arr	rest,	Approxima interval Be		
ERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentistly list condi- if sry, leading to imme	itions, ediate //ING	a. Due to	OR AS A COL	line.	Fi: He	Arra dia	ville, de of dylng, s	Mary Buch se ca	land 2 ardisc or resp	Sens	valion	Approxima interval Be		
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentistly list condi if sry, leading to immo cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	inel itions, ediate //ING ury sst	a. Due To	OR AS A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR O	NSEQUENCE O	FI: He	Arra dia	ville, de of dylng, s	aile Dec	ure	Dens	lation 24b.	Approximatinterval Be Onest and Audit		
MEDICAL CERTIFI	IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentisity list condition, leading to immicause. Enter UNDERLY CAUSE (Disease or injust) in that initiated events resulting in death) LAST PART II. Other significations was case represented.	itions, ediate /ing structury str	a. Due to b. Due to c. Due	OR AS A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR OF A COLOR O	INSEQUENCE OF THE PROPERTY OF	FI: He	lead Seriying	rest	Dec	24a. WAS AN PERFO	Dens	lation 24b.	Approximatinterval Be Onset and Audit Sold Sold Sold Sold Sold Sold Sold Sold		
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001515533 0501953 KERPIO Y CHOPCH RO FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (Phps), Middle, Last) ANDOLF H 2. DATE OF DEATH MONTH Riley 9.30 AM 2-3049 100 4. SQCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH June 17, 1941 217-38-3645 50 Maryland 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Frederick Monrovia 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3609 Kemptown Church Road 21770 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—II yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Wildowed 4 Divorced 1 YES ZE NO Specify: BY White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) Postal Clerk U.S. Post Office 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Robert A. Riley Gladys L. McCloud BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3609 Kemptown Church Rd., Monrovia, Md. 21770 Linda M. Riley pe 20e. METHOD OF DISPOSITION
1 Suriel 2 Cremetion 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION — City or Town, State must Providence U.M. Cemetery 3/17/92 4 Donetion 8 Other (Specify) Kemptown, Md. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between Onset and Daath IMMEDIATE CAUSE (Finel the disease or condition ARCINOM A TOSIS reaulting in death) other traumatic event, with METASTASES. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Aspiration shows any 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item 26. PLACE OF DEATH (Check only one) **EXAMINER?** EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 20 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? marked. Natural Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 40 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be Item 28 4 Homicide 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated IMPORTANT: If MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, BE 29d. DATE SIGNED (Month, Day, Year) MA

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. AGISTRAN'S SIGNATURE Juna Davidson-Randale

TOLL HOUSE

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		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE
		214-20-0567		1 📉 M 2 🗌 F	
		9a. FACILITY NAME (If not instituti	ion, give s	treet and number)	
	FUNERAL DIRECTOR	Northampton	n Ma	nor Nurs	ing
E .	E C		COUNTY	Y	
- 2	PE	Maryland	Fr	ederick	
E. Security	A.	100. STREET AND NUMBER			
physician. burial-transit permit.	ER	545	9 Sc	outh Renn	Ros
Siciar Salciar	5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	
DO2	BY F	1 Never Merried 2 Marr 3 Widowed 4 Divorced	IF YES, GIVE W	YES	
5-0(as the					
121 afte	田田	15. DECEDEN (Specify only high			
LAND 21215-0020 the hospital or attending physician detached for use as the burlat-tran	COMPLETED	Elementary/Secondary (0-12)		College (1-4 or 5	·)
AND the hospit detached	×	11			
YLA by the be def		17. FATHER'S NAME (First, Middle,		li Charle	D
IARY fained by should to	BE	19e. INFORMANT'S NAME (Type/P		II Charle	es v
MAR retained 5 should notified	2				
AE, lay be page to be of the r		Mrs. Lena S.	Kenr	1	
BALTIMORE, MARYLAND 21215-0020 or death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.		1 Buriel 2 Cremetton 3		oval from State	20t
IMOF Page 6 m director,		4 Donation 5 Other (Special Signature of Funeral Se	-	CENSEE	_ P
ALTIN death. Pag e funeral dir ii.		400		01 m.	Ω
BA BA the fu the fu		Mar	1	A KIL	vy
B nours after of in by the or removal		23. PART I. Enter the disect shock, or heart		complications that List only one cau	
24 hour filled in the me		IMMEDIATE CAUSE (Final		0	-
50, within 24 I pletely fille cremation, the		disease or condition		· C	R
3760, tted within completely ial, cremati				DUE TO	(OR AS
L RECORDS, P.O. BOX 68760, BALTIMORE, ilem requires that the death certificate be executed within 24 hours after death. Page 6 may be as been signed by the attending physician and completely filled in by the funeral director, page logs, of Health and Memail Hyglene prior to buriel, cremation, or removal.	N	Sequentially list conditions		b	
SOX 68 site be seecut sysician and c prior to burist traumatic	ATI	If any, leading to immediate cause. Enter UNDERLYING		DUE TO	(DR AS /
BOX ficate be a physician ne prior to	2	CAUSE (Disease or Injury	<	c.	(OR AS /
O. B certificat ding phy lyglene p	T.	that initiated events resulting in death) LAST		002 10	(on 23)
S, P.O. E to death certificathe attending phy. Mental Hygiene	CE		-	d	
IDS, the deat y the att of Menta	AN: MEDICAL CERTIFICATION	PART II. Other significent co	ondition	s contributing to	death b
ORE that the hed by the th and any in	2				
RECOI requires that been signed any shows any	Æ				
w reque					
A a to E		25. WAS CASE REFERRED TO ME	DICAL		
F VIT, SICIAN: Th certificate the State	Sic	EXAMINER?		HOSPITAL:	ER/Out
DF V YSICIAL S certif th the	PHYSIC	27. MANNER OF DEATH		28a. DATE OF (Month, D	
NG PHYSI fler this co saft with a	BY F	1 Natural 5 Pend 2 Accident Inves	ing tigation	(Month, D	ay, rear)
ION NDING I: After r death		2 Cutate	d not be	28a. PLACE O building,	
DIVISION OF VIT OR ATTENDING PHYSICIAN: T DIRECTOR: After this certificate hours after death with the Stat Hem 28 is marked, or lie	TE		mined	ounany,	are. (oper
DIVISION OF VITHE HOSPITAL OR ATTENDING PHYSICIAN: THE FUNERAL DIRECTOR: After this certifical mind within 72 hours after death with the St. PORTANT: If Item 28 is marked, or It.	COMPLETED	29a. CERTIFIER (Check only	IG PNYSI	CIAN: To the beet of	my know
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2) ME	Open Only		R: On the basis of a	-
THE HOSPIT THE FUNER filed within "		29b. SIGNATURE AND SITLE OF C	CERTIFIE		-
	BE	116	1	1/1	
2 2 2 ₹	0	1 my	2	102000	-

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 12, 1992A George Ridgley RENN March 2:40 A. 7. DATE OF BIRTH (Month, Dev. Year)
July 1, (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 1906 Maryland 85 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Frederick Home 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick 1 YES 2 X NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? be 21701 U.S.A. N U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, stc.)

1 YES 2 NO Specify: ATES Specify: White 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Farmer Agriculture 19. MOTHER'S NAME (First, Middle, Melden Surneme) Adah Georgette Easterday enn 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4702 Cap Stine Road, Frederick, Md. 21701 PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State ount Olivet Cemetery, 3-14-92 Frederick, Maryland *Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, Md. 21701 M00703 d the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between Onset and Death A CONSEQUENCE OF): A CONSEDUENCE OF out not resulting in the undarlying ceuse given in Part I. 24s, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) oTHER:
patient 3 DOA 4 Nursing Nome 5 Residence 8 Dther (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO / — At home, term, street, factory, office 28t. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) riedge, death occurred at the time, data and place, end due to the cause(e) end manner ea stated. ind/or investigation, in my opinion, death occured at the time, date end placa, and due to the cause(e) and manner se stated. 29d. DATE SHENED (Mingin, Day, Year) 29c. LICENSE NUMBER 397 92 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kaufmann, M.D., 300 West Ninth Street, Frederick, Md.21701 Dr. Robert L. 02. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 1 3 1992

DHMH-16 Rev 1/89

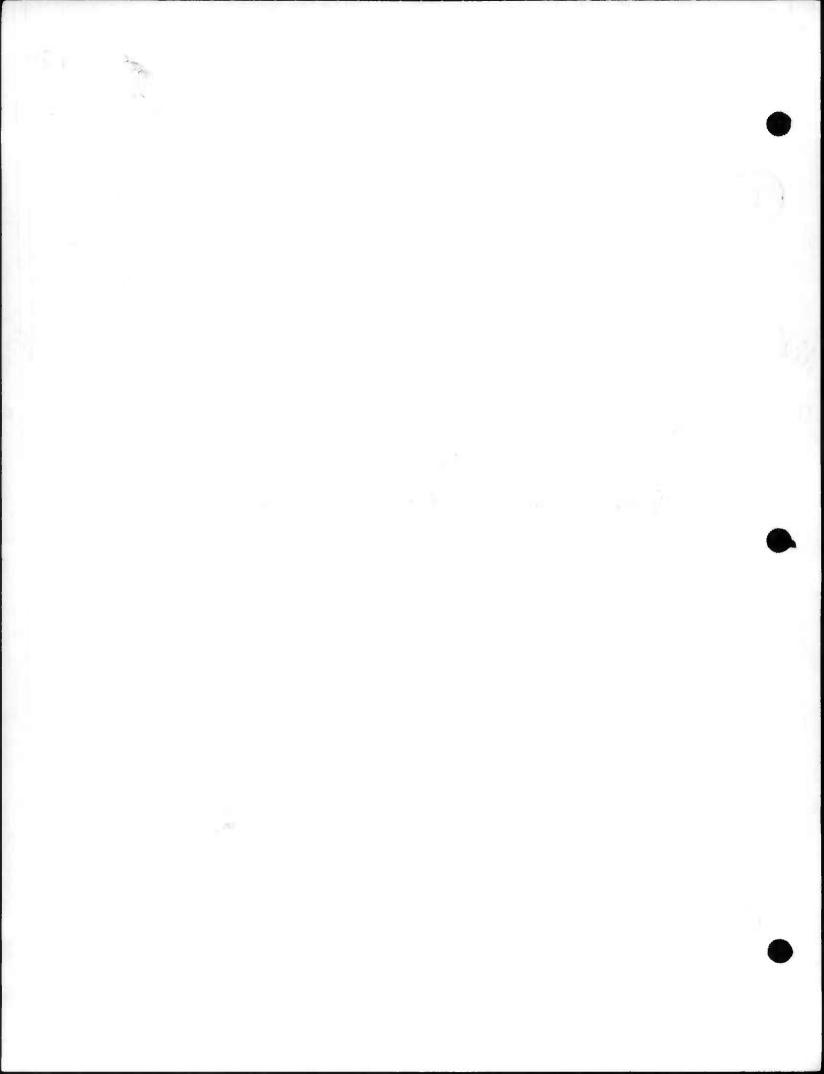
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DIVISION OF VITAL RECORDS, T.C. BOX 13149, BALLIMORE, MANILAND 21203-3140
10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s rooms after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO				
1.	DECEDENT'S NAME (First, Middle, Last)	SARAH ELIZ	ABETH SCH	IMEYER	·	2. DATE OF DEATH	AY YEAR	3. TIME OF DEATN		
1	Sarah Go	Chmeyer		-	1	04/05/19		М		
4.	Contraction to the contraction of the Contraction	111111111111111111111111111111111111111	(In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTN (Month, Day, Year)	8. BIR Cou	TNPLACE (State or Foreign ntry)		
	213-12-5663	1 M 2 RF 9	2 YAS.	worths by	NOUNG MIN.	09/06/18		ARYLAND		
	e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOY	VN OR LOCATION OF O	EATN	9c. COUNTY OF	DEATH		
- II	HARRISON HOUSE NUI	RSING HOME		SNOW	HILL		WORC	ESTER		
Į ľ	De. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	WN OR LOCATION 10d. INSIDE					
	MARYLAND DOF	RCHESTER		CAMBRI	DGE			1 - YES 2 NO		
10	0e. STREET AND NUMBER				101, ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?		
i i	1604 HUDSON ROAD				21613		US	A		
1	1. MARITAL STATUS Never Merried 2 Merried X Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes	OECENDENT OF HISPAI , specify Cuben, Mexico YES 2 X NO Specif		So	CE — American Indian, ack, White, etc. ecify: TE/CAUC.		
	15. DECEDENT'S EDUCA	ATION	16a. OECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF BU	ISINESS/INDUSTRY			
	(Specify only highest grade c	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working					
COMPLEIED	8th	XXXXX	CLE	RK		DEPAI	RTMENT S	TOR E		
5 1	7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider		- OILE		
	ROBERT COOK				AMET	IA MOWBRA	ΔŸ			
H -	9e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str		Route Number, City or Toy				
2 "	MR. JAMES KEYES (C	GRANDSON)	1604	HIIDSO	N POAD C	MBRIDGE,	MD. 216	13		
2	0e. METNOD OF DISPOSITION	20	Db. PLACE OF DISPO		f cemetery, crematory or		OCATION - City or			
	□ Buriel 2 □ Cremation 3 □ Remo	val from State	other place)		METERY					
11-2	1. SIGHATURE OF FUHERAL SERVICE LICE		GREENL		MEIEKY E AND ADDRESS OF FA		AMBRIDGE	MD.		
	March AV	101 - Man	111100	С	URRAN FUNI	ERAL HOME		01610		
-	23. PART I. Enter the diseases, or co	amplications that cause	ed the death. Do			CAMBRI		21613 Approximate		
	ahock, or heart fellure. L	let only one cause on	each lina.				matory arreat,	Interval Between		
	MMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS	0		A			Onset and Deat		
	reaulting in deeth)	. Cal	ude .	ane				3 1		
		DUE TO (OH AS	A CONSEQUENCE C	NF):	56 /	1. 0				
5 8	Sequentially liet conditions,	DIE TO (OR 45	A CONSEQUENCE O	- all	ard for	eurs _		isear		
į '	f any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS	A CONGEGUENCE C		C			į		
Į 3	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	P):				1		
	reaulting in death) LAST			•						
ij.	_ d	•								
J. CAR.	PART II. Other algorificent conditions	1	but not resulting		lying cause givan ir		RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
É		<u> </u>						1 YES 2 NO		
ġ .										
2	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH (C	heck only one)				
2	1 YES 2 -NO	1 Inpatient 2 I ER/Ou	itpatient 3 🗆 DOA	4 D. Nursing	Nome 5 - Residence	5 Other (Specify)				
THY SICIAN: ME	7. MANNER OF OEATH	25e. DATE OF INJURY (Month, Day, Year)		ME OF 250	: INJURY AT WORK?	28d. OEŞCRIBE NOW	INJURY OCCURED			
	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , ,			YES 2 NO	ļ				
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc		street, factory,	office	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
į -	9e. CERTIFIER		-	_						
2 COMPLETED	(Check only	CIAN: To the best of my kno P: On the beele of examinat						e(e) end manner ee atated.		
48 2	9b. SIGNATURE AND TITLE OF CERTIFIER				29c. LtCENSE NU	MBEQ	20d BATE COA	IEO (Month, Day, Year)		
d	THE OF VERTIFIER	211.1	1		296. LIGENSE NO	mu£n				
	INTERNATIONAL STREET	The	15 MY)			4-	5-95		
3	0. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)						
3	APR - 8 99	32. REGISTRAB'S SIG	son-Aandell							





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 10761

YEAR

2. DATE OF DEATH MONTH DAY

3. TIME OF DEATH

	David Lee Ste	nger				MON	04/07/9	2 ?	AH	7
	4. SOCIAL SECURITY NUMBER 215-42-4151	5. SEX 6. A	GE (in yrs. lest birthdey 49 VRS.		YEAR IF UNDER 24 H DAYS HOURS M	RS. 7. DATE (Mon 8 - 2	OF BIRTH th, Day, Year)	0. E	COUNTRY)	CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, gh 718 Virginia A	ve.			erstown	OF DEATH	9	wash		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU MD Was			ity, town on					10d	I. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 718 Virginia A	ve.			101. ZIP CODE 21740		1	log. CITIZEN US		COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 X Y IF YES, OIVE WAR O 3-21-64	ER IN U.S. ARMED (ES 2 NO IR DATES 6-22-64	H	AS DECENDENT OF HI yes, specify Cuban, M YES 2 NO S	exicen, Puerto			RACE : Black, WI Specify:	American indian, hita, atc. White
PLETED	15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12)			s usual occi if work done du use retired.)	uring most of working	16	b. KIND OF BUSIN	ESS/INDUST	RY	
BE COMPL	17. FATHER'S NAME (First, Middle, Lost) Thomas L. Sten	ger			Edit	h Vera	Middle, Melden Su L Cavana	ugh		
TO B	Raymond Stenge				(Street and Number or P ut Pt. We					0
	30a METHOD OF DISPOSITION 1 Surfat 2X Cremation 3 G R 4 Dogaston 5 D Other (Specify)	lemoval from State		ia Cre	matory 4-	13-92	Smit	tion - city hsbur	a.MD	
1	21 SIGNATURE OF FUNESAL SERVICE		tivi	22,0	onald E. O Box 31	Thomps	on Fune ur Sprin	ral H g,MD	ome, 2172	Inc.
	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one couse of	on each line.	terio	sclerosis					Approximate Interval Betwee Onset and Dear
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b DUE TO (OR	AS A CONSEQUENCE	OF):	-					
RTIFIC	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):						
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condi	tions contributing to das	th but not resultin	g in the unc	derlying cause give	n in Part I.	24s. WAS AN AL PERFORM 1 YES 2	ED?	CO OF	ERE AUTOPSY FINDING ALLABLE PRIOR TO MIPLETION OF CAUSE OEATH? YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER						
	TYPES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ERL 28a. DATE OF INJL (Month, Day, Ye	JRY 28b. 1		Ing Home 5 Thesid	28d. D	her (Specify) ESCRIBE HOW INJ	URY OCCUR	ED	
ED BY	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF IN. building, etc.	JURY — At home, farm (Specify)	n, street, facto		251, LC	CATION (Street and by or Town, State)	d Number or I	Rurel Rout	e Number,

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

S. M. D. 580 Northern Ave. Hag. Md.

32. REGISTRAR'S SIGNATURE

Jun Danden Ruder

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

D11266

21742

TO THE FUNERAL OR ATTEND
TO THE FUNERAL DIRECTOR: A
be filed within 72 hours after d
IMPORTANT: If item 28 Is BE COMPLETE

29a. CERTIFIER

2

29b. SIONATURE AND TITLE OF PERTIFIE

Howard N. Weeks M.D.

31. DATE FILEO (Month, Day, Year)

APR 14 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

29d. DATE SIONED (Month, Day, Year)

04/13/92

9 ...

agency making

•	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF				ID MEN	TAL HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)	ARET	'W. 5	ru U	iVI	aN		ATE OF DEATH DAY	10 /	990 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-09-6681		(In yrs. last birthday)	MONTHS		HOURS MI	O.	NTE OF BIRTH Conth, Day, Year)	3	6. BIRTHPLA Mary 1.	and	
	9e. FACILITY NAME (If not institution, give a		00	9b. CITY,	TOWN OR	LOCATION O	_	2/10/0	_	NTY OF DEAT		
	Western Maryland Cen	130000000000000000000000000000000000000						town, MD Washington				
	RESIDENCE OF DECEDENT	v	100 0	TY, TOWN O	D I OCATIO	NA .				10	d. INSIDE CITY	
		ington		gerst		,,,,				- 1	LIMITS?	
	10e. STREET AND NUMBER	211,5 0011	1	0-1-1	_	ZIP CODE		-1	10g. CITI		AT COUNTRY?	
	14165 Pennsylvani	a Avenue				2174	.0		USA	A		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 K NO		f yes, spec		axican, Pua	IGIN? (Specify Yes rto Rican, etc.)	or No—	14. RACE — Black, W Specify:	American Indian, white, etc.	
	15, DECEDENT'S EDU		16e. DECEDENT	S USUAL O	CCUPATION			16b, KIND OF BUS	INESS/IND	USTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life, Do NOT		during most	of working		,			ı	
	5 years		homema	aker				home			77. 77. 74	
	17. FATHER'S NAME (First, Middle, Lest)	lavandan						rst, Middle, Meiden : cence Ho		emith		
	George Bernard A	Texamer	10h MAII IN	C ADDRESS	2 /Stmat an			Number, City or Town				
	Mrs. Samuel Hanke	ey .						erstown,			21740	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Ronation 5 Other (Specify)	noval from Stata	ob. PLACE OF DISPO other piece) OSE H111	osition (Na Ceme	me of come etery	otery, cremator	y or			OWN, M	, sum Jary land	
	22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich Funeral Home 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich Hagerstown, Maryland											
	23. PART I. Enter the diseases, or shock, or hasnt fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. PNE DUE TO (OR AS	A CONSEQUENCE	1 / A OF):					ratory sn	rest,	Approximats Interval Between Onset and Death	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):	M.	aec	1.00	<i>n</i>			1,720	
	ANTENDSCLE CONCESTIVE Chronic Od.	who Hea	nt Dis		GE U	Chis E	A-91	PERFOR	MED?	C	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OWNELETION OF CAUSE F DEATH? YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	denidlant a 🗆 = e :	OTHE	R:	CE OF DEAT						
	27. MANNER OF DEATH Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	7 26b. T	IME OF NJURY M	28c. INJU WOF	IRY AT	28d	Other (Specify) DESCRIBE HOW II	NJURY OC	CURED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, farm	n, street, tac	tory, offica		261.	LOCATION (Street a City or Yown, State)	and Numbe	r or Rural Rou	rte Number,	
	[Crisical Gray	BICIAN: To the best of my kno ER: On the basis of axaminst									and menner se stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	eneula	Mi	0.		29c. LICENS	126	42	> '	4/10	Aonth, Day, Year) LGQ	
	FE U. TORCIU	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (TV	COF W	346	VaN	AN	TARYL	and	21	242	
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SK	INATURE									

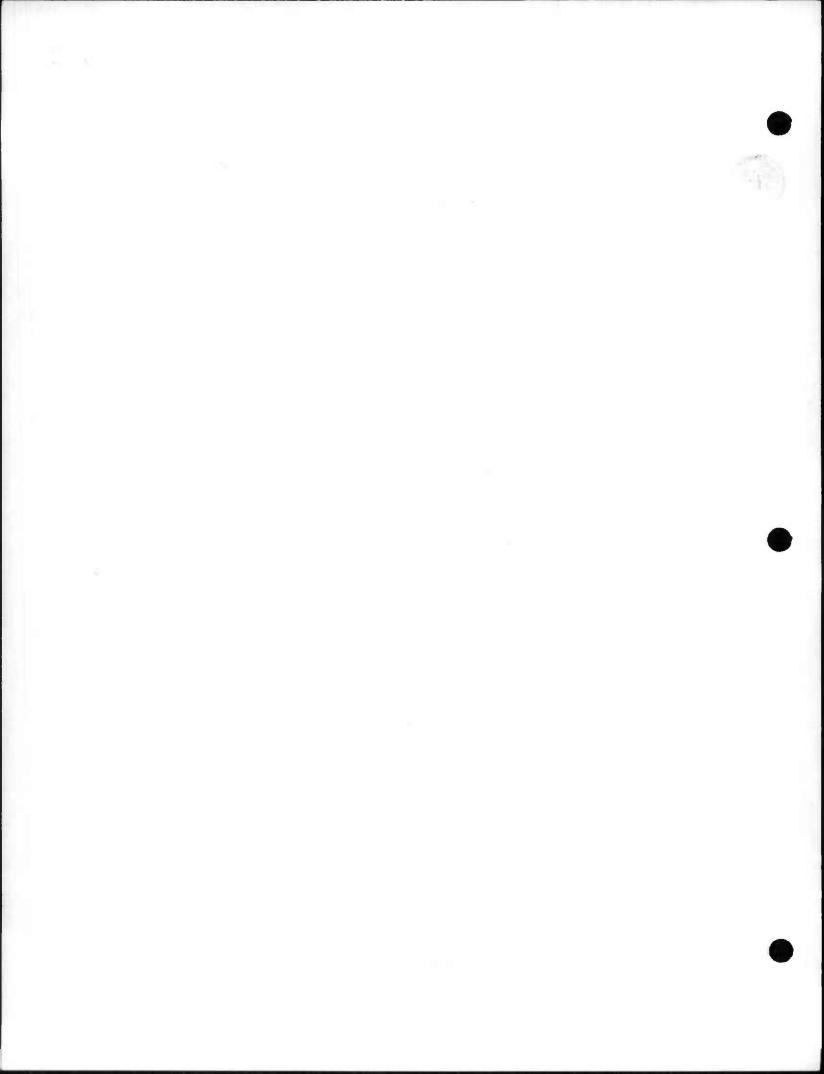
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Juns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/8



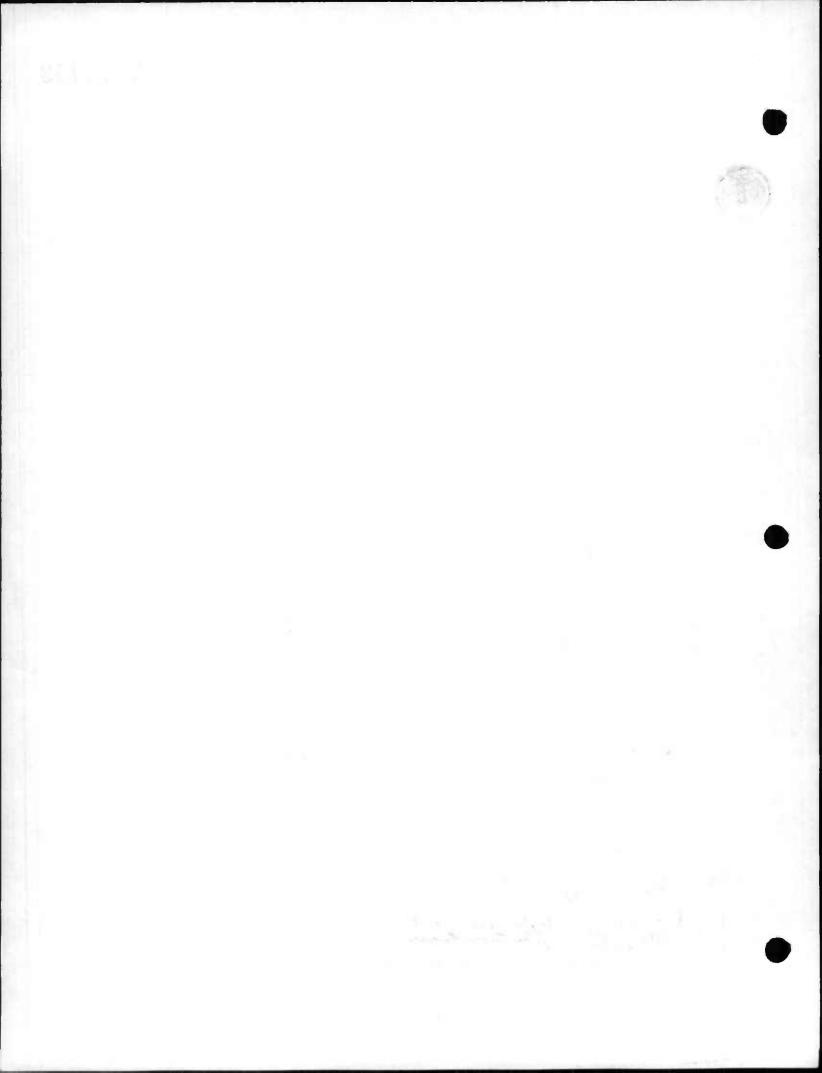
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-		ATE GIS		AR	
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23 part I,27,per MEO G-686 4/24/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFI	CATE	OF DEATH		REG. NO					
1. DECEDENT'S NAME (First, Middle								E OF DEATN			3. TIME OF DE	EATN	_
Charles Oscar	Ston	er, Jr.					Apr	il 4.	992	YEAR	2:40	Ρ.	м
4. SOCIAL SECURITY NUMBER	5.	SEX 6	AGE (In yrs.	lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7 DAT	E OF BIOTH		a. BIRTH	IPLACE (State or		_
195-07-9869A	1	M 2 D F	78	YRS.	MONTHS D	AYS HOURS MIN.	Oc t	. 29, 1	913	Countr	"land		
9e. FACILITY NAME (If not institution	n, give etreet	end number)			96. CITY, TO	WN OR LOCATION OF	DEATH			TY OF D			_
7 East Washin	gton	Street	Apt.	705	Hage	rstown					ngton		
RESIDENCE OF DECEDE	NT				11050	LUCUMI			110	CITT	160011		
	COUNTY			10c. CITY,	TOWN OR I	OCATION					10d. INSIDE C	TY	
Maryland	Wash	ington		На	gerst	OWN					1 X YES 2	_ NO	
10e. STREET AND NUMBER						10f. ZIP CODE					WHAT COUNTRY	7	
7 East Washing	gton	Street	Apt.	705		21740			US	A			
11. MARITAL STATUS		. WAS DECEDENT !		ARMED	13. WAS	DECENDENT OF HISP	ANIC ORIG	IN? (Specify Yes	or No-	14. RACE	— American Ir	ndien,	-
1 Never Married 2 Merries 3 Wildowed 4 Divorced	4	IF YES, GIVE WAR		JNO		e, specify Cuben, Mexi YES 2 NO Spec		Ricen, etc.)	ĺ	Speci	t, White, etc.		
A											White		
15. DECEDENT (Specify only highes	'S EDUCATI st grade com	ON apleted)	1000	Give kind of we	rk done duris	PATION ng most of working	.16	b. KIND OF BUS	INESS/IND	USTRY			
Elementary/Secondary (0-12)	C	ollege (1-4 or 5+)	1 '	Kitch		1 _p		Pos	taura	nt			
8 years				KILCH	ell lie	-				IIIL			
17. FATHER'S NAME (First, Middle, Li Charles Oscar		or Sr						Middle, Meiden					
		ici, bi.						licking					
190. INFORMANT'S NAME (Type/Print Hamer D. Stoner	nt)			19b. MAILING	DDRESS (SI	reet and Number or Rure	I Route Nur	mber, City or Town	, Stete, Zip	Code)	1 - 1	217/	
20e. METNOD OF DISPOSITION			T			lvania Av	enue	Hager	SLOWI	, Ma	aryland	21/4	U
Burlel 2 Cremetion 3	Removal	from State		EAND DATE OF or oth		N (Name of	DA		CATION —			,	
4 Other (Specification of Dental Service)		-	Kest	Haver	Ceme		4/		ersto	wn,	Maryla	nd	
Gerald 8	1)	Unnic	sh			ald N. Mir eral Home	nnich				ac Str Maryla		
23. PART i. Enter the disease	a. pr com	olications that c	auged the	death Do on								_	_
anock, or near ra	iliure. List	only one cause	on each ile	ne.		mode of bying, ac	ren au ca	ruiac Di Teapi	atory arri	out,	Approxi		n
iMMEDIATE CAUSE (Final disease or condition		2		7			7	D:			Onset a	nd Deal	th
resulting in death)	a			EQUENCE OF	1C C	ardiovas	scul	ar Dis	sease	2			
		002 10 (01	NA A CONS	EUUENCE OF)									
Sequentially list conditions,	b	DUE TO (OI	R AS A CONS	EQUENCE OF):									
if any, leading to immediate cause. Enter UNDERLYING	}	7300	N 1711 - 2270								İ		
CAUSE (Disease or injury that initiated events	c _	DUE TO (OF	AS A CONS	EQUENCE DF)									-
reaulting in death) LAST	1										j		-1
	a.									-	-		\dashv
PART il. Other algnificant con	ditions co	ontributing to de	ath but not	resulting in	the under	iying cause given i	n Part i.	24a. WAS AN		24b.	WERE AUTOPSY		5
								1 VES 2			AVAILABLE PRIO COMPLETION OF OF DEATH?	F CAUSE	
											1 YES 2	NO.	- 1
													- }
25. WAS CASE REFERRED TO MEDIC EXAMINER?					2	6. PLACE OF DEATH (C	heck only o	one)					\dashv
1 YES 2 NO		OSPITAL:	R/Outpatient		THER:	Home 5 Nesidence	6 🗆 Oth	er (Specify)					П
27. MANNER OF DEATH		28e. DATE OF IN.	JURY	26b. TIME	OF 260	INJURY AT		SCRIBE NOW IN	JURY OCC	URED			\dashv
1 Netural 5 Tenang	etion	(Month, Day,	Year)	INJUI	N N	WORK?							1
2 Accident Investig		28e. PLACE OF III	JURY - At I	nome, term, str			281, LO	CATION (Street e	nd Number	or Aural A	oute Aumber		\dashv
4 Nomicide determin		building, etc	. (Specify)				City	or Town, State)		J. 716.41 71	odie momba,		1
29e. CERTIFIER	DHACICITY	. To the best of	all minimum s										4
(Check only one) 2 MEDICAL EX	AMINER: O	n the beet of ever	knowledge, c	seath occurred	at the time,	dete end place, end du	e to the ca	ruse(e) end man	ner as atate	d.			ľ
			THE TOTAL OF THE T	i investigation,	in my opinic	on, death occured at th	e time, date	e end place, end	due to the	cause(e)	end menner ee	stated.	Ì
296. SIGNATURE AND TITLE OF CE	RTIFIER	(1)				29c. LICENSE NU	JMBER		29d. DATE	SIGNED	(Month, Day, Yea	r)	٦
30, NAME AND ADDRESS OF PERSO	My	WW.							•				
MAM DIM	y WHD CO	MPLETED CAUSE	OF DEATH (IT.	EM 27) (Type, P		enn Stre	et	Ralti	more	. N	id 21	201	7
31. DATE THE TO (Month) Day (Marin)	9	JZ. REGISTRAB'S	SIGNATURE	acel.		CIII DELE		Darti	IIIOT 6	- 9 L'.	iu. ZI	201	4
HLU TO 1225	0	Divines des Statutes	Have										



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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be mancated within 28 thours other death. Page 6 may be retained by the bosoibal or structured	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN		2 10764
	Dorothy	Dorothy Louis			DEATT.	2. DATE OF DEATH	AY YI	3. TIME OF DEATH 2 2045 PM
		5. SEX 6. AGE (In y	yrs. jast birthday) YRS,	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Oct. 4,19	09 1	BIRTHPLACE (State or Foreign Country) (aryland
TOR	Washington County	· · · · · · · · · · · · · · · · · · ·			erstown	EATH	Wash	of DEATH nington
DIRECTOR		ngton	3054.	town or Locat				10d. INSIDE CITY LIMITS? 1 YES 2 M NO
FUNERAL	ROUTE 2				21783			OF WHAT COUNTRY? USA
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 K NO	If yes, spe	ENDENT OF HISPAR ecity Cuban, Maxica 2 K NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	n or No 14.	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co		(Give kind of wor life. Do NOT use in	rk done during mo: retired.)		16b. KIND OF BU	SINESS/INDUST	PY
BE COM	17. FATHER'S NAME (First, Middle, Lest) Rubin Bachtell				10. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
TOE	19a. INFORMANT'S NAME (Type/Print) Conrad K. Snyder		19b. MAILING AF 4280	oness (Street a	nd APmper @Aurel] 1eytown	Borgevund 6519 or tow Rd., Taney	n, State, Zip Coo town , N	⁽⁶⁾ 1d. 21787
1 2	20a. METHOD OF DISPOSITION 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	al Irom Stata cemeter	ACEAND DATE OF ry, crematory or othe est Have	en Cemet	ery and address of fa	4-11 Ha	cation - city gerstot	or Town, State wn, Maryland
	Scott	600 Min	nue	415 F	CH FUNE E. Wilson	RAL HUME n Blvd., H		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ASEQUENCE OF):	re Tool	Tenel 3	fine you		Approximate interval Between Onset and Dasth
IN: MEDICAL	PART II. Other significent conditions of the con	- A Y	not resulting in	the underlying	cause given in	Pert i. 24a, WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
/SICIAN:		HOSFITAL:		THER:	ACE OF DEATH (Che	eck only one)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOF	JRY AT RK?	28d. OEŞCRIBE HOW II	NJURY OCCURE	D
ED	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atre	et, factory, offica		281, LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
COMPLET		AN: To the best of my knowledg On the basis of exemination an						use(s) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Me			29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)
	31. DATE FILED (Month, Day, sher)	32. PROJETNAN'S SIGNATUR	Va. A	1/2. Y	Japens	power Md	2(1)	40
	APR 10 1992 3	this Defrem Rus	we				1	

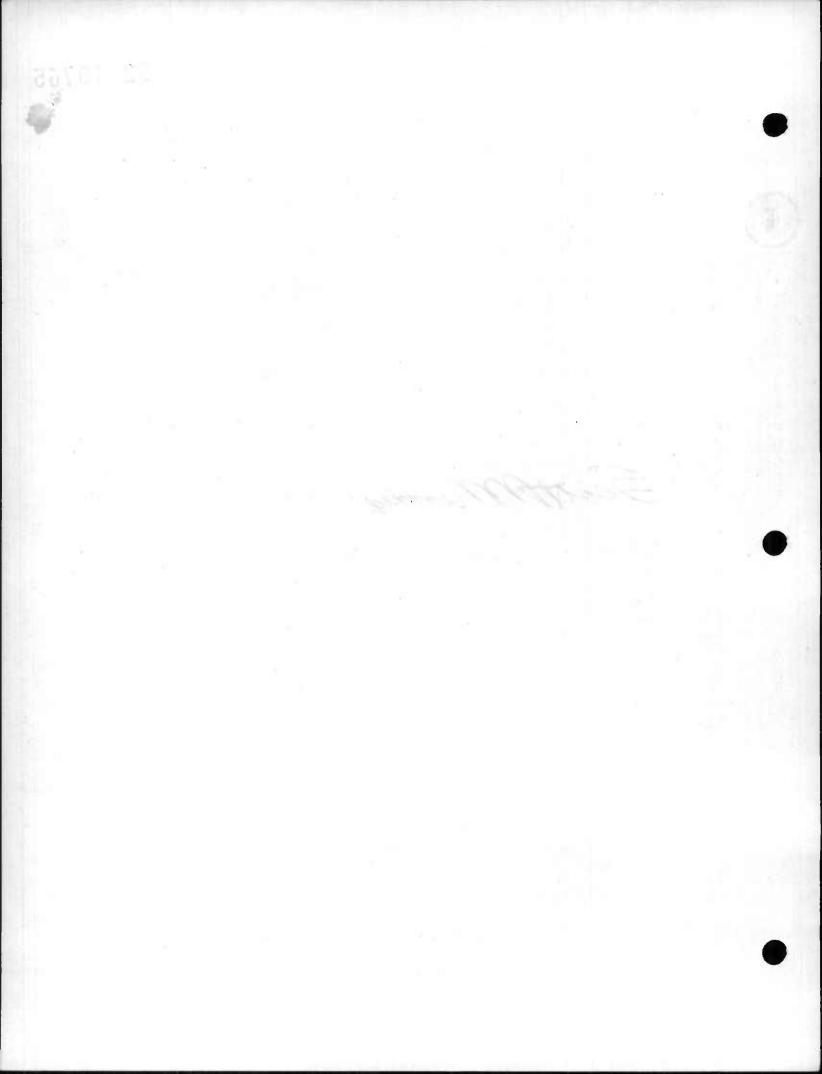
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	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) John Vernon Shipl	Av Sr						2. DATE	of DEATH	1002	YEAR	3. TIME OF	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. le:	and distribution is	IF UNDER 1	wran I	IF UNDER 24 HRS.	-	OF BIRTH	1997		5:40 PLACE (Store	P
220-10-3058	1 🔀 M 2 🗌 F	78	YRS.			HOURS MIN.		17,19	14	Country		
Se. FACILITY NAME (If not institution, give of Washington County RESIDENCE OF DECEDENT		a1				stown	EATH		9c. COU	Wash	eath ningto	on
10e. STATE 10b. COUNTY				TY, TOWN OR							10d. INSIDE	37
Maryland Washi	Ington		n.	agers	-	ZIP CODE		_	40. 017	750 05 0	1 X YES	
1030 Salem Avenue	2		0		101.	21740			10g, CI1	USA		HYZ
11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF IX YES 2 MAR OR DATES II		14	yes, spec	NDENT OF HISPA city Cuben, Mexico 2 NO Specia	in, Puerto I		or No—	14. RACE Black Speci Whi		n Indian,
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+) (0	Give kind of e. Do NOT u	s USUAL OCC work done du use retired.) k driv	uring most	t of working	16b.	KIND OF BU				
8 17. FATHER'S NAME (First, Middle, Last)	0		truc	K dil	ver			trans		TLOI	1	
John Shipley						Edna			Sumame)			
19a. INFORMANT'S NAME (Type/Print) Edna M. Shipley						d Number or Rural						
					_	etery, cremetory or	CIBC		CATION —		wn State	
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	other p	place)			1 Park	4-				, Md.	
23. PART I. Enter the diseases, pro ahock, or heart failure.			eath Do			Wilson					II.d.	21/7
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Cerebro	OVASCULA O (OR AS A CONSE	e. ar Ac	ciden							intari Onse 20	
MMEDIATE CAUSE (Final disease or condition resulting in death)	Renal DUE TO	ovascula O (OR AS A CONSE Failure	AT AC	ciden oF): a:	t 1						intari Onse 20	val Between and Dea
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Renal Due To	OVASCUla O (OR AS A CONSE Failure O (OR AS A CONSE	EOUENCE (ciden oF): a: oF):	nd	lesion i	n ba		ngli AUTOPSY IMED?	a	20	val Betweet and Det hrs. week
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	Renal Due To	OVASCUla O (OR AS A CONSE Failure O (OR AS A CONSE	EOUENCE (ciden OF): a: OF):	nd derlying	lesion i	n ba	sal ga	ngli AUTOPSY IMED?	a	inter Onse 20 1 7	val Betweet and Des hrs. week
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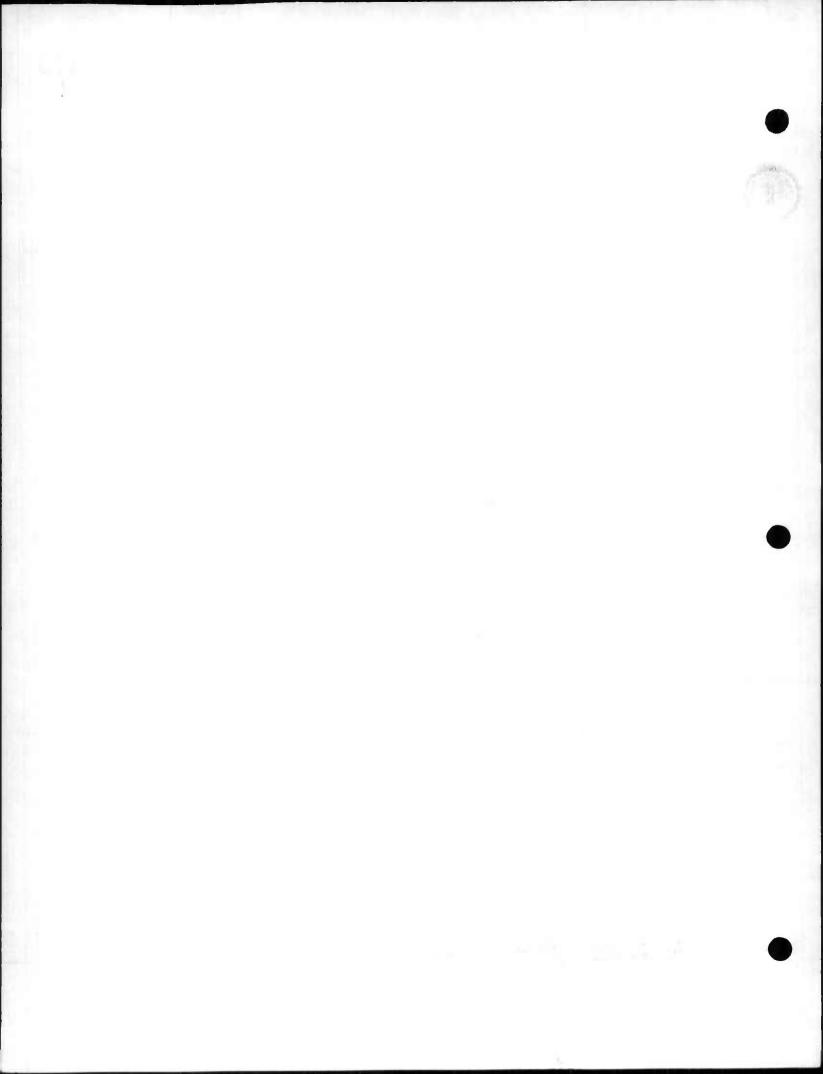
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGIST
1.	1. DECEDENT'S
	RICHA
i	4. SOCIAL SEC
ı	220-28
ı	220-28
	18103
ı	18103
į	10e. STATE
i	Maryla
I	10e. STREET A
	18103
I	11. MARITAL S
l	1 Never Ma
I	3 Widowed
	Elementary 8 3

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	OF MARYLAND / DEPARTMENT	OF	HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	E 0	F DEATH		REG NO

HEGISTHAR				ERTIFIC	CATE O	F DEATH	REG. NO			C8478
1. DECEDENT'S NAME (First RICHARD	, Middle, Lust) DONALL	STOTL	ER				2. DATE OF DEATH DO APril 5	199	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	last birthday)	F UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF BIRTH		_	LACE (State or Foreign
220-28-3934		1 🔀 M 2 🗌 F	62	YRS.	ONTHS DAY	B HOURS MIN.	(Month, Day, Year) 1-8-1930		Country)	land
90. FACILITY NAME (If not in				•	9b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
18103 Manor	CEDENT					sboro		Wasi	ningt	con
10e. STATE	10b. COUNTY			10c. CITY, 1	TOWN OR LO	CATION			1	10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Washi	ngton		Воо	nsbor					T YES 2 NO
18103 Mano	r Chur	ch Road				10f. ZIP CODE: 21713		U.S		IAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes			- American Indian, White, atc.
1 Never Married 2 3		IF YES, GIVE W	YES 2 X	JNO		specify Cuben, Mexico ES 2 X NO Specif			Black, Specify:	
15. DEC (Specify onl)	EDENT'S EDUC y highest grade	CATION completed)	18e. C	DECEDENT'S US	SUAL OCCUPA	TION most of working	16b. KIND OF BUS	SINESS/INDU	STRY	WIIICC
Elementary/Secondary (0		College (1-4 or 5	- 6	fe. Do NOT use n	etired.)	most of working				
8 yrs.				Mech	anic		Truck:		ompar	лУ
17. FATHER'S NAME (Flist, M Charles		totler					ME (First, Middle, Malden	Surname)		22 - 22 3
190. INFORMANT'S NAME (7		COCICI		9b. MAILING AC	ODRESS (Street	Anna	Route Number, City or Town	Pante W.		disill
Rosalie B.		r				Church Ro				land 21713
20e. METHOD OF DISPOSITE 1 X Burial 2 Crematic 4 Donation 5 DOther	n 3 🗆 Remo	oval from State	20b. PLACI	EAND DATE OF I	DISPOSITION	ry 4-8-19	a b	CATION — C		
21. SIGNATURE OF FUNERA		ENSEE	LOOM	SDOLO C		AND ADDRESS OF FA	OHITY			ryland
Douglas	A. Fie	ry Soud	of Z	inu	Bast	t Funeral				al Pike aryland
23. PART I. Enter the di	laaasas, or c	omplicationa the	caused the	laath. Do not	antar the n	noda of dying, suc	h ss cerdisc or reapi	ratory srre	at,	Approximats
IMMEDIATE CAUSE (Fin	eart renure, I	List Dnily one cau	aa on each iir	e.						Interval Between Onset and Death
disesse or condition resulting in death)		MULTIPE	E. MYEI	OMA						
		MULTIPE DUE TO	OR AS A CONS	EOUENCE OF):						3 YOARS
Sequentially list conditi		DUE TO	(OR AS A CONSI	FOLIENCE OF						
If any, leading to immed cause. Enter UNDERLY	NG		(======================================	LOGENGE OF J.						
CAUSE (Disease or Inju that initiated eventa	<i>'</i>	DUE TO	(OR AS A CONSI	EOUENCE OF):						-
resulting in death) LAS										
PART II. Other aignifica	nt conditions	contributing to	death but not	reaulting in t	ha undariyi	ing ceuse givan in	Part I. 24a, WAS AN	ALITOPSY	24b W	/ERE AUTOPSY FINDINGS
						THCYTOPEN,		MED?	All	MAILABLE PRIOR TO OMPLETION OF CAUSE
- AU	DUE	TO MU	LTIPLE	MYFLO	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 TYES 2	LINO		F DEATH?
DIARPTER	MEL	LITUS		7 (12,007			_		1 "	YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL				PLACE OF DEATH (Chi	ick only one)			
1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA 4	THER: Nursing Ho	ome 5 Residence	6 Other (Specify)			
27. MANNER OF DEATH	Pending	28e. DATE OF (Month, De		28b. TIME O	F 28c. H	NJURY AT YORK?	28d. DESCRIBE HOW IN	JURY OCCU	RED	
2 Accident	nvestigation					YES 2 NO			_	
	Could not be determined	building,	F INJURY — At hote. (Specify)	ome, ferm, stree	et, fectory, off	lice	28f, LOCATION (Street er City or Town, State)	nd Number or	Rural Rout	te Number,
290. CERTIFIER (Check only	FYINO PHYSIC	IAN: To the beet of	my knowledge, d	eath occurred a	t the time, de	te and piece, and due	to the ceuse(e) end meni	ter en state d		
one) 2 MEDI	CAL EXAMINER	: On the basis of ex	emination end/or	Investigation, is	n my opinion,	death occured at the	time, date end place, and	due to the	ceuse(e) a	nd manner ee stated.
29b. SIGNATURE AND TITLE		111				29c. LICENSE NUM				fonth, Day, Year)
tamel Toy	U Bra	pro	1			D3889	2	D 4	1619	2
AMOLA FE	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, Pri	79 H=	notes i . RA	· HAGER	ا من	al /	7) 2/2//
31. DATE FILED (Month, Day,)	teer)	2 REGISTRAL	'S SIGNATURE	1 1	11 140	77000	· MILECIA	IOW		0 21140
APK U8 199	2 2	white Sander	n-Randae	R.						1



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BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CI	ERTIFIC	CATE OF	DEATH		REG. NO.		10000			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		YEAR	3. TIME OF DEATH			
	BETTY LOUISE	SEGER				MONTH DAY			10:30 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BURTH		THPLACE (State or Foreign			
	432-34-2152 1 D M 2 G	JF CC		IONTHS DAYS	HOURS MIN.	(Month, D	ny, Year)	Cou	ntry)			
	9a. FACILITY NAME (If not institution, give street and number	<u>K' L 66</u>		AL CITY TOWN	OR LOCATION OF DI	3-3-	-20	9c. COUNTY OF	klahoma			
Œ			1			AIN						
2	5020 B Green Valley R	oad		Monro	ovia			Frede	rick			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY			
뜻	Maryland Frederick		Ma						LIMITS?			
7	100. STREET AND NUMBER		PIO	nrovia					1 TYES 2 NO			
A				10	. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	5020 B Green Valley Roa				21770			U.S.	Α.			
5	11. MARITAL STATUS 1 Never Married 2 Married FORCEST	EDENT EVER IN U.S. AR	NO	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (S	pecify Yes a	r No — 14, RA	CE — American Indian, ick, White, etc.			
ВУ		IVE WAR OR DATES			2 NO Specify		n, etc.)	100	icity:			
									White			
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			SUAL OCCUPATE		16b, KII	NO OF BUSH	NESS/INDUSTRY				
Ш	Elementary/Secondary (0-12) College (1-4		Do NOT use i	retired.)	or or worlding							
AP	10 years		Counte	r Clerk		9	naca	Dry Cl	oanor			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA				eziller			
	Otis Noff				T 4 1 W							
BE	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING A	DDRESS (Street )	Lily M		City or Foun	State 7in Codel				
2	T. f. 1. D. 1											
	Linda Robey 20a. METHOD OF DISPOSITION	201 21 4 25	5020	R Greer	Valley	Road						
	1 Burial 2 Cremation 3 Removal from Stat	a cometery, cre	ematory or othe	r place)		OATE		ATION — City or				
Ì	21. SIGNATURE OF EUNERAL SERVICE LIGENSEF	Smit	hsbur	g Crema	tory	3/13	Smi	thsburg	g, Maryland			
	21. SIGNALUNE OF TONERAL SERVICE DEENSEE			Rober Rober	t E. Dai	Tev &	Son I	Tuneral	Homes, P.A.			
1	Kolt Et	-011	>	1201	North Ma	rket S	St. I	rederi	ck, MD 21701			
	23. PART I. Enter the diseases, or complications	that caused the de	ath. Do not									
	snock, or naert failure. List only one	ceusa on each line	1,		au or aying, acc	r no cardiac	Or reapire	itory arreat,	Approximate Interval Between			
1	IMMEDIATE CAUSE (Final disease or condition MACTASTATIC, ANGUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUACA ACCUA											
	resulting in death)											
	00	E TO (OR AS A CONSE	OUENCE OF):									
ON	Sequentially list conditions.											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate										
2	CAUSE (Disease or Injury C.											
E	that initieted eventa resulting in death) LAST	E TO (OR AS A CONSEC	DUENCE OF):									
6	d											
2	PART II. Other algorificent conditions contribution	g to death but not r	resulting in	the underlyin	cause alven in	Port I Da	MAGANA	tropey a	b. WERE AUTOPSY FINDINGS			
EDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I.							PERFORMEO?				
ā									COMPLETION OF CAUSE OF DEATH?			
ž						_	,		1   YES 2   NO			
ä												
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF DEATH (Che	ck only one)						
SIC	HOSPITAL	2 ER/Outpatient 3		THER:	e 5 X Rasidence	6 Other (Sr	moths)					
PHYSICIAN:	27. MANNER OF DEATH 28a. OAT	E OF INJURY	28b. TIME (					URY OCCUREO				
	1 Natural 5 Pending	nth, Day, Year)	INJURY WORK?				DE 11011 1110	0111 00001120				
BY	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLA	me form etre	M t YES 2 NO									
	4 Homicide determined built		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	20. CERTIFIED							_				
릴	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
8	one) 2 MEDICAL EXAMINER: On the beals	of examination and/or i	investigation,	in my opinion, d	eath occured at the	time, data and	place, and	dua to the cause	(a) and manner as stated.			
	29b. SIGNATURE AND VITLE OF CERTIFIES	7 0			29c. LICENSE NUM	BER	1	DATE SIGNE	D (Month, Day, Year)			
BE	Man OU. OC	much,	MA		D317		- 1	> 2/	12/92			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH //TEN	M 27) (Sec. 2	intl	27	- /		//	1/~			
					m 4 -							
	Dr. Brian M. O'Connor,	MD 501	west /	th St.	Frederi	ck, MD	217	01				
	MAR 1 3 1992 Julia Saurds	on-honor										
	MINUT O 1995 James											

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OHAL OF I	CE		CATE			B	EG. NO.			1000
1. DECEDENT'S NAME (First, Middle,	Lest)						2. DATE OF I	DEATH			3. TIME OF OEATH
	Levetta	Kelle	ey	THOM	AS		March	15,	1992	YEAR	1800 m
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 Y		NDER 24 HRS.	7. DATE OF E	SIRTH	1	8. BIRTHI Country	PLACE (State or Foreign
212-10-0310	1 🗌 M 2 💢 F	91	YRS.	MONTHS D	AYB HOU	RS MIN.	Oct.	1, 190	00	Country	Maryland
9e. FACILITY NAME (If not institution,				96. CITY, TO	OWN OR LO	CATION OF DE	ATH	9	e. COUNT	TY OF DE	ATN
Homewood Reti:		er		F	reder	rick			Fr	eder	ick
10e. STATE 10b. CC	DUNTY		10c. CITY	, TOWN OR L	LOCATION						10d. INSIDE CITY
Maryland 1	Frederick			F	reder	rick					LIMITS?
100. STREET AND NUMBER 31 West Patric	ck Street				10f. ZIP (	2170	1	1	log. CITIZI	EN OF W	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13. WAS	DECENDE	NT OF NISPAN	IIC ORIGIN? (S	pecify Yes or	No- 1		- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 (XIN	10	If yo	YES 2	Suban, Mexica	n, Puerto Ricar	n, atc.)		Specify Specify	White, etc.
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	(Gi	ive kind of w	USUAL OCCU	JPATION	endelma	16b, KIN	O OF BUSIN	ESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT use	e retired.)	*		Tele	ephone	o Cor	ทลกท	v
17. FATHER'S NAME (First, Middle, Las	•		-	*			ME (First, Middle			12 pour	V
William Wint	field Kelle	y				L	aura V	irgini	ia Pi	hill	ips
19e. INFORMANT'S NAME (Type/Print)	22	198					Route Number, C				
Miss Ivadora Ke		11/				rive,					d 21702
20a. METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	20b. PLACEA				3.	DATE - 18-92	Knows			aryland
21. SIGNATURE JUNERAL SERVICE	CE LICENSEE	0				DRESS OF FAC		2111035	V plantest (	9 11	ar yrand
Lukard	C.C. Br	a for MC	00021		Keene	y and	Basfor	rd Fur	neral	l Ho	me k. Md. 2170
23. PART I. Enter the diseases	or complications the	t Vaused the de	ath. Do n	ot enter the	e mode of	dylng, suci	h an cardiac	or reaplrat	ory arre	st,	Approximate
IMMEDIATE CAUSE (Final	ure. List only one cau	C-L-CAMILITY INTE			71						Interval Between Onset and Death
disease or condition resulting in death)		OR AS A CONSEC	Uw	~00	CA						Week
The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	DUE TO	(OR AS A CONSEC	VUENCE OF	):							
Sequentially list conditions,	Г ь.										
If any, leading to immediate cause. Enter UNDERLYING	002 10	(OR AS A CONSEC	DUENCE OF	):							
CAUSE (Disease or Injury that Initiated events	C. DUE TO	(OR AS A CONSEC	UENCE OF	):							- 3
resulting in death) LAST	4										
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PART II, Other algolificant cond			10/ 1					PERFORME			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Meros		Car	010	SUR	-> 0	1 VILL	_   10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
-	disen	90					- [				1 TES 2 NO
25. WAS CASE REFERRED TO MEDIC	M. I				DA DI ACE C	PEATH OL					
EXAMINER?	HOSPITAL:	ER/Outpetlent 3		OTHER:		OF DEATN (Chi					
27. MANNER OF DEATH	26s. DATE OF		26b. TIME	-	c. INJURY A	-	8 Other (Spi		IRY OCCU	IBED	
1 Acrident 5 Pending	(Month, D	ley; Yber)				2 NO	28d. DESCRIBE NOW INJURY OCCURED				
2 Accident Investigat 3 Suicide 6 Could no	28e. PLACE O	F INJURY — At hor	me, farm, si	treet, factory,	office		28f. LOCATIO	N (Street and	Number o	r Rural Ro	oute Number,
4 Homicide determine		ett. (Specify)					City or Tox	wn, Stete)			
290. CERTIFIER CERTIFYING P	HYSICIAN: To the best of	my knowledge, der	eth occurre	d at the time,	dete end pl	lace, and due	to the cause(s)	end manner	r as stated	1.	
MEDICAL EXA	MINER: On the besis of e	cumication yetalor i	nveatigation	n, in my opini	lon, death o	ccured at the	time, date and	place, end d	ue to the	cause(s)	end menner es stated.
296. SIGNATURE AND TITLE OF CERT	TIFIER	111		1	291	LICENSE NUM	BER	21	ed. DATE	SIGNED (	Month, Day, Year)
Maple	079.	LIL	4	14					> 3	11	6192
30. NAME AND ADDRESS OF PERSON					13	0.				1	
Dr. Casper E. C	TILE, TIL,	M.D. 3	IOO We	est Nj	inth i	Street	, Fred	lerick	, Mo	1. 2	1701
	1992 Fichia	Davidson-A	andell	-							

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Fabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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Lulia Davidson

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH VIRA 04158 MARGO 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYE 213-74-9682 1 M 2 F 95 YRS. Feb. 1897 New York, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Union Hospital of Cecil County DIRECTOR Elkton Cecil RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil North East 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 112 Clearview Ave. 21901 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-H yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: 1 YES 2 XNO BY 3√√ Widowed 4 ☐ Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) Coitege (1-4 or 5+) 8 N/A Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surneme) Henry Schwerdtman Eliza Meyer 10s. INFORMANT'S NAME (%po/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mildred E. 112 Clearview Ave. Letts North East, MD 20e. METHOD OF DISPOSITION
1 
Burlat 2 
Cremation 3 PLACE AND DATB OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE RA Terris & Co n 5 🗆 Other (Son 4/6 West Chester, PA 21. SIGNATURE OF TUNERAL SER 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 South Main Street North Fast 21901 MD 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one ceuse on each line. **IMMEDIATE CAUSE (Final** Onset and Death Cerbral hemonhag diseese or condition resulting in death) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART il. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TES 2 52 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: chronic 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c, INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation Accident 26s. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFYE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 No D22813 4-6.9 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 204 Bow Street Elkton, MD Patricia Greve, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

	1. DECEDENT'S NAME (First, Middle, I		abeth WH	TMORE	DEATH	REG. NO  2. DATE OF DEATH MONTH D	AV	YEAR :	3. TIME OF DEATH
	Lucy	E. Whitm	iore			4 1	F	92	1500
	4. SOCIAL SECURITY NUMBER	. /	GE (In yrs. lest birthde	y) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNPI Country)	LACE (State or Foreig
	219 20 7452	1 M 2 F	90 YRS	. MONTHS DAYS	HOURS MIN.	Sept.12,	1901	Vir	ginia
œ	9a. FACILITY NAME (If not institution,	give street and number)		96. CITY, TOWN	OR LOCATION OF D	EATN	9c. COUN	TY OF DEA	ATH
0	Washington Cou	nty Hospital		Hage	erstown		Wa	shing	ton
DIRECTO	10a. STATE 10b. CO			CITY, TOWN OR LOCAL	TION				IOd. INSIDE CITY
ä	Maryland Wa	shington				Boonsboro			LIMITS?
AL	10a. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZ		AT COUNTRY?
EB	212 Mapel Aven	ue North			Boonsl	boro		217	13
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 XNO	If yea, ap	CENDENT OF NISPAI Decity Cuban, Mexico 3 2 NO Specific	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No-	14. RACE - Black, Specify:	- American Indian, White, etc.
2	15. DECEDENT'S	EDUCATION	14. DECEDEN					whi	te
#	(Specify only highest ( Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done during mo use retired.)	ost of working	16b. KIND OF BUS	SINESS/IND	USTRY	
7	8	Conege (I-4 or 5+)		emaker			_		
COMPLET	17. FATHER'S NAME (First, Middle, Last	0)			18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)		
ш	Charles W. Tho	omas				ie Taylor	/		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street a		Route Number, City or Town	n, Stete, Zip	Code)	
	Linda Sady		414	Pratt St	t., Fulto	on N Y 1306	69		
	20a. METHOD OF DISPOSITION 1 Regulated 2 Commetted 3 D	Removal from State	20b. PLACE AND DAT	EOF DISPOSITION (No	ame of	OATE 20c. LO	CATION — C	aty or Town	n, Steta
	4 Donation 5 Other (Specify)		Rose Hi	II Cemete			gerst	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE	95	22 MARIE AL		***			
		2 10m	7	MINN	ND ADDRESS OF FA	RAL HOME			
	Acor	Stone	ume	MINN 415 H	ICH FUNE E. Wilson	RAL HOME n Blvd., Ha	agers	town,	Md. 21
	23. PART I. Enter the diseases, shock, or heart felli	or complications that cau	used the death. Do	MINN 415 H	ICH FUNE E. Wilson	RAL HOME n Blvd., Ha	agers	town,	Approximate
	23. PART I. Enter the diseases, shock, or heart felle iMMEDIATE CAUSE (Finel disease or condition resulting in death)	or complications that caure. List only one cause o	n eech line.	MINNI 415 I	ICH FUNER E. Wilson  ode of dying, auc	RAL HOME  n Blvd., Ha	ratory arri	et,	Approximate interval Bets
	iMMEDIATE CAUSE (Finel disease or condition	a. Thtan	n eech line.	MINNI 415 I	ICH FUNER E. Wilson  ode of dying, auc	RAL HOME  n Blvd., Ha	ratory arri	et,	Approximate interval Bet
AIION	immediate Cause (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate	a. Thtran	Stomme	MINNI 415 I	ICH FUNER E. Wilson  ode of dying, auc	RAL HOME n Blvd., Ha	ratory arri	et,	Approximate interval Bets
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	BENTLEY	Non	ie ,	ADCOCK		04	14	92 12:18 PM M			
ì	4. SOCIAL SECURITY NUMBER 218-01-7776	1 M 2 □ F 73		HTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1918	e. BIRTHPLACE (State or Foreign Country) Virginia			
œ	Sa. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
DIRECTOR	NORTH ARUNDEL RESIDENCE OF DECEDENT  106. STATE  106. COUNT			GLE	N BURNII	<u> </u>		A.A. COUNTY			
	Maryland A.	nd A.A.Co.			a	Md		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 7626		101	ZIP CODE 211	22	100	ISA				
BY FUN	11. MARITAL STATUS  1 Never Married XX Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, spe		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	en or No 14	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION s completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mos		16b. KIND OF B	USINESS/INDUS	TRY			
MP	3rd.Grade		Mill	Worke				teel Co.			
8	17. FATHER'S NAME (First, Middle, Lest)	eeves	λ -3	1-		AME (First, Middle, Maide	0.0	-1/			
BE	19a. INFORMANT'S NAME (Type/Print)	eves		OCK	Lula	Route Number, City or To	B.R.A.				
6	Mrs.Florence H	E.Adcock									
	Mrs.Florence E.Adcock  7626 Bensway, Pasadena, Md. 21122  20a. METHOD OF DISPOSITION 1 St Burlei 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piece) Glen Haven Memorial Pki. 4/17 Glen Burnie, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230										
Ц	McCully Funeral Home. 130 E. Fort Ave.										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition										
	resulting in death)	DUE TO TOR AS A	CONSEQUENCE OF):	P				20 min. tou			
ATION	Sequentially list conditions, If any, leading to immediate  Due to (or as a consequence of):										
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PHYSICIAN: MEDICAL	PART II. Other significant condition	1 1	out not resulting in t	he underlying	csuse given in	Part I. 24e. WAS A PERFO	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ.						_		1 TES 2 ANO			
NA N	25. WAS CASE REFERRED TO MEDICAL				ACE OF OEATH (C/	neck only one)					
Sign	1 YES 2 NO	HOSPITAL: t ☐ inpetient 2 ☑ ER/Outp		THER:	5 Residence	6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH  1 \( \bar{\parallel{1}}\) Netural 5 \( \bar{\parallel{1}}\) Pending investigation	(Month, Day, Year)	26b. TIME O	y Wo		28d. DESCRIBE HOW	INJURY OCCUP	RED			
	3 Suicide 6 Could not be 4 Homicide determined	and Number or	Rural Route Number,								
COMPLETED		ICIAN: To the best of my know									
	296. SHISMATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)			
29C. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)							1-14-97				
-	HAROLD HEBARD.	M.D./1600 C	RAIN HIGH		#208/GI	EN BURNIE	, MARYI	LAND 21061			
	31. DATE FILEO (MONTH, Day, Year)  APR 201992  Junia Davidson-Randesse.										



DHMH-16 Rev 1/89

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	1. DECEDENT'S NAME (First, Middle, Last)	0 1-10	-	h				2. DATE OF MONTH	DEATH	v	YEAR	3. TIME OF DEATH
	Joseph C							04	14	1 1	992	15:30
	4. SOCIAL SECURITY NUMBER		E (in yrs. ia:		IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, E		_	8. BIRTH Countr	IPLACE (State or Foreign
	216-24-7487	1 🕅 M 2 🗆 F	63	YRS.		J. 1	HOURS WIN.		6-2	8	1	ND
_	9a. FACILITY NAME (If not institution, give	street end number)					OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
Ö	GOOD JAMARI	TAN HEST	41711	2	6	PA	-70			1	PAL	TO C179
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	rv .		10c. CITY, TOWN OR LOCATION								
E	MAD B	A1.00										10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	1-10		BALTO								1 YES 2 NO
A I		CKAWAN	101. ZIP CODE					10g. CITIZEN			ZEN OF V	WHAT COUNTRY?
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5	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2XX	2XXNO If yes, specify Cubsn, Mer				PANIC ORIGIN? (Specify Yes or No- 14,			14. RACE Black	E — American Indien, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR										My:
	15. DECEDENT'S EDU	ICATION .	16e. DECEDENT'S USUAL OCCUPATION									White
ETED	(Specify only highest grad	e completed)	16a. De	Sive kind of y	vork done o	CUPATION TO	ON ost of working	16b. K	ND OF BUS	INESS/IND	USTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)										
COMPL	12 years -			Pri	nter				Self		oloy	ed
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H	Joseph C. Bo	teler, Sr.						erine				
2			19				and Number or Rural					
	Lois Boteler			_			wana Ar	venue	Ba1	to.	MD	21234
ĺ	20e. METHOD OF DISPOSITION  1 Section 2 Cremetion 3 Ren	noval from State Co	Ob. PLACE	AND DATE O	DF DISPOSI	TION (No	arne of	DATE	20c. LOC	ATION -	City or To	wn, State
	Commetter 3   Removal from State   Commetter Commetter or other place   Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Co											MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  LOhnson Flineral Home Balto., MD											
	8521 Lock Payon Plant 21204											
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate											
	snock, or heart failure.	List only one cause on	each line	n.			, , , , ,		· · · · · · · · · · · · · · · · · ·	olory all		Interval Betwee
	iMMEDIATE CAUSE (Final disease or condition	1 1100	Car									Onset and Deal
	resulting in death)  a. Lung Cancer  Due to (ohas a consequence of):										6 months	
_												
CATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
7	If any, leading to immediate cause. Enter UNDERLYING									Ì		
RTIFIC	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST											
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DICAL	PART II. Other significant condition	ne contributing to deeth	out not r	reaulting i	n the uno	ferlying	g ceuse given in	Part I. 24	e. WAS AN A		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
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Ś	1 TYES 2 NO	HOSPITAL: 1 Pippatient 2 ER/Out	tpatient 3	DOA	4 Nursi		e 5 🗆 Rasidence	6 Other (S	pecify)			
F	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME	E OF URY	28c. INJ	URY AT	28d. DESCR	IBE HOW IN	JURY OCC	URED	
<u>8</u>	1 Natural 5 Pending 2 Accident Investigation				м	-	YES 2 NO					
	3 Suicide 6 Could not be	26s. PLACE OF INJUR building, atc. (Spi	RY — At ho	me, ferm, s	treet, facto	ry, offic	•	261. LOCATIO	ON (Street ar	nd Number	or Rural R	loute Number,
	4 Homicide determined		//					City or i	own, State)			
<u>ا</u> ۳	29a. CERTIFIER (Check only	ICIAN: To the best of my know	wledge, de	ath occurre	d at the tir	ne, date	and place, and due	to the cause(	s) end mend	or as state	ed.	
COMPL		ER: On the basis of examinati										end menner ee stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE	B 0	-									
8	Blankail	1 D Kes	siden				29c. LICENSE NUI	MOER		≥9d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH		PATH OTE	M 070 (Ton-	Print)					-04	114	172
	D. B. Cankad		^ I	1 90	10.02	L	n Husbit	_0	2 11	^		MIN
-	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE	( 34	may Y	ijan	TIOS DIT	en	3917	MO	٠, ١	יווי
	APR 2 0 1992	Alie Devidon	Pande	200								

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR JOSEPH C. BOILER, JR. CERTIFICATE OF DEATH REG. NO.



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page 5 should be detached for use as the

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	24	Jil.	ion.	the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LEONARD JOHN 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 04/18/92 MONTH 04 18 92 BUSH 3. TIME OF DEATH Leonard 6:05 AM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign 1 X M 2 - F MONTHS DAYS HOURS 099-20-9430 YRS 64 10/12/2 New York 9a. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION Maryland Baltimore Catonsville 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1076 Craftswood Road 21228 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, atc. 1 Never Married 2 X Married COMPLETED BY 1 YES 2 NO Specify 3 Widowed 4 Divorced WW White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Baltimore County College (1-4 or 5+) 12th Parts Manager Equipment Operations Maintenence 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) John Bush Lena Mott 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 Juanita E. Bush 1076 Craftswood Road Balto., MD 21228 20a. METHOD OF DISPOSITION
1 St Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Competery, crametory or other place)
Loudon Park Cemetery 4/21 Baltimore. 21. SIGNATURE OF PUNERAL SERVICE CHENSEE Man Nak 22. NAME AND ADDRESS OF FACILITY MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Road 21228 Balto. MD 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or heart fellure. List pnly one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition Acute Myocardial Infasction (R.V. Injance) resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Vinpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER

(Chack only

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner es stated. (Check only one)

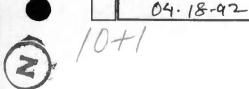
11 CERTIFYING PHYSICIAN: 10 the basic of examination end/or investigation, in my opinion, death occurs at the time, date and place, end due to the cause(e) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Med. Resident Dennit. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BIKRAM JOHAR, ST. AGNES HOSPITAL, 900 CATON AV. BALTO.

Julia Davidson-Randala

32. REGISTRAR'S SIGNATURE

APR 2 0 1992



31. DATE FILEO (Month, Day, Year)

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OR ATTENDING PHYSICIAN: The

HOSPITAL

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Helen Buczkowski 2. DATE OF DEATH 19/9 3. TIME OF DEATH ELIZABETH BUCZKUWSKI MONTH 04 1420 4. SOCIAL SECURITY NUMBER 218-07-5. 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH (Morth, Day, Year) | 0 - 0 7 - 18 8. BIRTHPLACE (State or Foreign Country) 1 M 2 R F 75 DAY8 HOURS YRS. BALTO. MO. detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTO. CITY HOSPITAL BALTU. DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTO. BAZTU 1 | YES 2 | NO Arbutus BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? a 87 21227 EGINA 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2X NO Specify: 1 Never Married 2 Married 3 Widowed 4 🗌 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY tary/Secondary (0-12) College (1-4 or 5+) 8th Factory Worker American Can Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be notified at James Meyers Lillian Rogowski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7606 Patapsco Drive Sykesville, MD 21784 Lorraine Small 2 20a. METHOD OF DISPOSITION
1 💢 Burlel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗆 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must mpletely filled in by the funeral director, cremation, or removal. St. Stanislaus Cem. Baltimore, 21. SIGNATURE OF FUNERAL SERVICE TRANSEE examiner MacNabb Funeral Home, P.A. George E. MacNabb Frederick Rd. Balto., MD 21228 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition the Respiratory & Cardiac assest Kours completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): the attending physician and com Mental Hygiene prior to burial, MI day MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Radical CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS TO THE FUNERAL DIRECTOR: After this certificate has been signed by to be filed within 72 hours after death with the State Dept. of Health and imPORTANT: It item 28 is marked, or Item 23 shows any In AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 10 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 - ER/Outpetient 3 - DOA **EXAMINER?** 1 YES 2 NO OTHER: 6 - Other (Specify) 4 🗆 Nurs 28e. DATE OF INJURY (Months Day, Year) 4//8/92 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural BY M 1 YES 2 NO 2 Accident PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Sulcide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 | Homicide 29e. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29L SIGNATUSE AND TITLE OF CERTIFIES 25d. DATE SIGNED (Morely Day War BE 물물물 leave mos 92

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

June Day down Honder

900 Caton Aus

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I	MARYLAND (	/ DEPAI	RTMEN	T OF I	IEALTH DEA	AND TH	MENT	AL HYGIEN REG. NO.		2	10775
	1. DECEDENT'S NAME (First, ERIC	Middle, Last)	J.		В	ROWN				2. DAT MON 04	E OF OEATH		YEAR 92	3. TIME OF DEATH 9:12 P M
	4. SOCIAL SECURITY NUMB 216-84-595		5. SEX 1)(∑) M 2 ☐ F	6. AGE (In yrs. 19		IF UNDER	DAYS	HOURS	MIN.		E OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign  Y)  MD
TOR	90. FACILITY NAME (If not in 5500 BLOCK RESIDENCE OF DEC	MORAV			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE				EATN	TN Sc. COUNTY OF DEA			EATN	
DIRECTOR	10a. STATE	10b. COUNTY				Y, TOWN		TION						10d. INSIDE CITY LIMITS? 1 YES 2 ND
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BY FUNERAL	/ / / /	11. MARITAL STATUS    X   Never Married   2   Merried   FORCES?   1   YES   2					If yes, sp	CENDENT Code	ın, Mexica	an, Puerto	IN? (Specify Yea o Rican, etc.)	or No	14. RACE Black Speci	- American Indian, t, White, etc. ny: BLACK
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BE CO	ROY BROWN							KAT	HERI	NE I	Middle, Meiden BROWN			
2	DORETHA BI	ROWN			4906	TRUE	S (Street )	E AV	E./E	BALT	TMORE,	MD 2	1206	
	20a, METNOD OF DISPOSITION  VX Burlel 2 Cremetton 3 Removal from State  4 Donetton 5 Other (Specify)  20b. KING MEMORIAL PK.  DATE 20c.RANDALLS  BALTIMORE CEMETERY									wn, State MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. /1101 E. NORTH AV									ENUE				
Z	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert feliure.	List only one cau	Coused the use on each it	100	111					nck	ratory an	rest,	Approximata Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditi- if any, leading to immed cause. Enter UNDERLY:i CAUSE (Disease or Inju- that initiated eventa- resulting in death) LAST	liate NG Ty	0.	(OR AS A CONS										
BY PHYSICIAN: MEDICAL C	PART II. Other algnifices	nt condition	a contributing to	death but no	t resulting	in the ur	nderlyin	g cause (	given in	Part i.	24a. WAS AN PRIRFOR	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIA	25. WAS CASE REFERRED TO EXAMINER?  1 2 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R:	ACE OF D			one) ner (Specify) Sf.	PREE		
Y PH		ending	28e. DATE OF (Month, D 04/13/	Inv. Wanel	28b. TIN 9:05	JURY	28c. INJ WC	PK?	ON [		JECT WA			
	3 Suicide 6 G	Could not be letermined	28e. PLACE Obuilding,	F INJURY At etc. (Specify)		street, fect	tory, offic	•		261. LO	CATION (Street of yor Town, Stete)  O BLOCK	nd Number	or Runal A	
COMPLETED			CIAN: To the best of R: On the basis of e							to the ca	nuse(s) and mer	ner es stat	led.	) end manner es stated.
띪	286 MUNATURE AND WILE			1		5 6401.		29c. LICI	M.E.	MBER		29d, CAT		(Month, Day, Year)
5	FARNK	AERSON WHI	O COMPLETED CAU				T.B				YT.AND 3			1 14
	31. DATE FILED (Month, Day, Year)  32. REGISTBAR'S SIGNANUE  APR 2 0 1992  Julia Dayldson - Mandall													



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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE 9 2

	REGISTRAR		CE	RTIF	ICATE OF	DEAT	H	RE BE	G. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	_			3. TIME OF DEATH	
	Charles	P.		В	rown			MONTH	D	AY 1	YEAR	o. Time of DERIT	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 2	_	April		L / T	992	M	
	220 01 0454	1 X M 2   F		YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day,	Year)		Countr	**	
	220-01-0454 9e. FACILITY NAME (If not institution, give stre	4.5	73	1110.			S	Sept 2	11	918	Ma	aryland	
œ					9b. CITY, TOWN			TH		9c. COU	JNTY OF D	EATH	
0	5844 Race Roa	d			E11	ridg	je –						
DIRECTOR	10s. STATE 16b. COUNTY			40 - 017	Y, TOWN OR LOCA								
E	Maryland		- 0								- 1	10d. INSIDE CITY	
	10e. STREET AND NUMBER			E.	1kridge							YES 2 NO	
A.					10	. ZIP CODE				10g. CIT	IZEN OF W	VHAT COUNTRY?	
4	5844 Race Road					21	.227				USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Spi	ecify Yes	or No-	14. RACE	- American Indian,	
ВУ	1 Never Married 2 Married	IF YES, GIVE W	YES 2 X N	0	If yes, sp	ecify Cuban, 2 NO	Maxican,	Puarto Rican,	atc.)		Black Speci	, White, etc.	
	3 Widowed 4 Divorced						ороспу				Speci	Black	
	15. DECEDENT'S EDUCA (Specify only highest grade or	TION	18a. DEC	CEDENT'S	USUAL OCCUPATI	ON		16b. KIND	OF BUS	SINESS/INI	DUSTRY	DIUCK	
mi	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	vork done during mo e retired.)	st of working							
ਭੂ∣				We	lder			Ar	und	1 1	Corr	oration	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1,0.	Luci	18 MOTHE	D'S MAME	E (First, Middle,			COLL	Olation	
						The second second				Sumame)			
88	19a. INFORMANT'S NAME (Type/Print)						stine						
2					ADDRESS (Street								
	Sarah Anna Bro				Race Ro		Bal				212		
	20a. METHOO OF DISPOSITION  X X Buriet 2 Cremation 3 Remove	al from State	comptent cree	natoni or ot	F DISPOSITION (No			DATE					
	4 Donation 5 Other (Specify)		Arbut	us r	nemoria	1 Pa	rk	4/16	Ba1	tim	ore,	MD	
	Arbutus memorial Park 4/16 Baltimore, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc												
	2501 Gwynns Falls Parkway Baltimore, MD 21216												
	23. PART I. Enter the diseases, or con	molications that	caused the dea	th Don	Balt	lmor	e, I	MD Z	121	6	_		
	briock, of fleet fellule. Lit	at only one ceus	e on each line.		or enter the mo	de or dylin	g, such a	as cerdiac o	r-reapi	ratory an	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Alema auanoma of the lung  Due to (or as a consequence of):												
- 1	resulting in death) a.	Accom	e calas	rom	a of 1	re u	mg					301	
		DUE TO (	OR AS A CONSEO	UENCE OF	):							1	
중	Sequentielly list conditions b.												
ĔΙ	If any, leading to immediate	DUE TO (	OR AS A CONSEC	UENCE OF	):								
ا ⊵	CAUSE (Disease or Injury												
₽∥	that initiated events resulting in death) LAST	OUE TO (	DR AS A CONSECU	UENCE OF	):								
CERTIFICATION	d.												
	PART II. Other aignificent conditions	contributing to	leath but not re	aultina l	Alter transfer de for						-		
DICAL			watti pat ilot 18	autting it	n the underlying	ceuse giv	ven in Pa	irt I. 24a.	WAS AN	AUTOPSY MED?	1	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
١٥	Lymphome	~						_ 10	YES 2	- Out		COMPLETION OF CAUSE DF DEATH?	
뿔								_				1 YES TO	
PHYSICIAN:													
5 I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOCOLTA!				ACE OF DEA	TH (Check	only one)					
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ξI	27. MANNER OF DEATH	28e. DATE OF II		28b. TIME	OF 28c, INJ	JRY AT		8d. DEŞCRIBE		JURY OC	CURED		
_	1 Accident S Prending Investigation	(Month, Day	, rear)	INJU	M 1 1	RK?							
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	INJURY — At hom	e, ferm, si	reet, factory, office		-	81. LOCATION	(Street a	ad Alumbas	or Dunel D	and Market	
COMPLETED	4 Hamicide determined	building, at	Ic. (Specify)					City or Town	7, State)	TO THUTTED	or norar no	oute Namoer,	
9 1	29a, CERTIFIER								_				
₽	Check only PHYSICIA	N: To the best of m	ny knowledge, dear	th occurre	d at the time, date	end place, a	nd due to	the cause(s) a	ind meni	ner as stat	led.		
ا ق	2 MEDICAL EXAMINER:	On the basis of axa	mination and/or in	vestigation	i, in my opinion, d	eth occured	at the tim	ne, data and pl	laca, and	dua to th	e cause(s)	and menner as stated.	
							SE NUMBE	ER		294. DATE	E SIGNSÓ	Mongel Day, Years	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							160						
임	30. NAME AND ADDRESS OF DERSON WHO	COMPLETED CAUSE	OF OEATH (ITEM	27) (Type	Print)			-	_	- 5	1/9/	74	
	Court Game	relaces	400	1	me A	12	-	00	6	4	7	12 20	
9	31. DATE FILED (Month, Day, Year)	32. ROGISTRAD	S SIGNATURE	1	101-11	175	15	0100	. //	W	4	u	
APR 20 1992 June Daydon Rander													

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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physicis not in by the funeral director, page 5 should be detached for use as the burial-tor removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / [ CEI	DEPART RTIFI	TMENT OF I	DEAT	AND N H		YGIENE EG. NO.	2	2	0///
	1. DECEDENT'S NAME (First, Middle, Last)				-			2. DATE OF E			3	3. TIME OF DEATH
	Carmelo			rre	si		7	4 .	- 18		992	1:50 PM
	4. SOCIAL SECURITY NUMBER 215-34-5191	1 🔀 M 2 🗆 F	8. AGE (In yrs. leaf b	**	MONTHS DAYS	HOURS 2	MIN.	1. DATE OF B	190	9	6. BIRTHPLACE (State or Foreign Country) Sicily	
OR	90. FACILITY NAME (If not institution, give s 3410 Gough S			96. CITY, TOWN			ATH		9c. COUNT	Y OF OEA	ATH	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNT	γ		10c. CITY	TOWN OR LOCA	TION						IOd. INSIDE CITY
	Maryland		Baltimore								LIMITS?	
FUNERAL	3410 Gough St		10	ZIP CODE					AT COUNTRY?			
Š	11. MARITAL STATUS	ED	13. WAS DEC	212		IC ORIGIN? (Sp	nelfy Year		U.S			
ВУ	1 Never Merried 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2- NO		If yes, sp	ecify Cuban,	, Mexicen Specify	, Puarto Rican	, atc.)	or No- 1	Specify:	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G/ve	kind of wo	JSUAL OCCUPATION done during mo	ON ast of working		16b. KINE	D OF BUSI	NESS/INDUS	STRY	
WPLE	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)			penter			Bal	timo	re C	ity	Construc
	17. FATHER'S NAME (First, Middle, Last)  Valerio					18. MOTHE	ER'S NAM	IE (First, Middle				
BE	19a. INFORMANT'S NAME (Type/Print)		Barres					ta		F	als	aci
2	Mrs. Mary Barre	esi			Gough							1
	20e. METHOD OF OISPOSITION  1 Burlel 2 Cremation 3 Rem  4 Donetion 5 Other (Specify)	oval from State	20b. PLACE AND	DATEO	F DISPOSITION (NE	me of		OATE	20c, LOCA	ATION - CI	y or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Joseph N. Zannino Jr. Funeral  263 S. Conkling Street Balto.								al Home			
	23 PART I. Entar the diseases, or o	aused the daati										
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OF	R AS A CONSEQUE	ENCE OF)	n F	الله الم	NS					Approximate interval Between Onset and Death
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AL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significent condition  ATTURE SULL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE OUE OUE OUE OUE OUE OUE OUE OUE OUE	R AS A CONSEQUE	ENCE OF):	the underlying	J couse give	RS PS Ven in P	Part 1. 24a.	WAS AN AL PERFORM	Drul T M	24b. Wil	Interval Between Onset and Death  Day  ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE F DEATH?
PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significent condition ATTORY SULUL	DUE TO (OF DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. D. D. D. D. D. D. D. D. D. D. D. D.	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE	ENCE OF):	the underlying  26. PL  OTHER: Nursing Hom  OF 28c. INJI  WO	J Couse give	Ven in P	erd Jc1	WAS AN AL PERFORM YES A COLLY)	UTOPSY ED?	24b. WII	Interval Between Onset and Death  Day  ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE F DEATH?
ED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that inlitieted evente resulting in death) LAST  PART II. Other significent condition  ATTAIN TUM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 2000  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  Path but not reed  O NOT L  R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/Outpetient 3   R/OUTPETIENT 3   R/OUTPETIENT 3   R/OUTPETIENT 3   R/OUTPETIENT	ENCE OF:	the underlying  28. PL  OTHER: Nursing Hom  OF W M 1 1	ACE OF DEA	PSI PSI NO	erd JC1 Part I. 24a. 1   1   1   1   1   1   1   1   1   1	WAS AN AL PERFORM  YES  City)  E HOW INJ	UTOPSY ED? () NO	24b. WI AMA CC OF 1	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE P DEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significent condition  ATTURE UNDERLYING  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  7   YES 2   QUO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation   Could not be determined  29a CERTIFIER   Could not be determined	DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  Path but not reer  Consequence  R/Outpatient 3   JURY 2  NJURY At home,  (Specify)	ENCE OF):  ENCE OF):  ENCE OF):  Uiting in  DOA (1)  Farm, etn  occurred	the underlying  28. PL  OTHER:   Nursing Hom  OF 28c. INJ  WO  1 1 1	ACE OF DEA	Ven in P	Part I. 24a.  1   Other (Special City or Row	WAS AN ALL PERFORM  YES  (city)  E HOW INJ  (Street and menns	UTOPSY ED?  INO  INO  INO  INO  INO  INO  INO  IN	24b. WI AW CC OF 1	Interval Between Onset and Death  Pays  ERE AUTOPSY FINDINGS ABLABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significent condition  ATTITUTE (UNDERLYING CAUSE)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural 5 Pending Investigation 2 Accident 1 Investigation 6 Could not be determined  29s CERTIFIER (Check only one) 2 MEDICAL EXAMINER	B. DUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  Path but not reer  Consequence  R/Outpatient 3   JURY 2  NJURY At home,  (Specify)	ENCE OF):  ENCE OF):  ENCE OF):  Uiting in  DOA (1)  Farm, etn  occurred	the underlying  28. PL  OTHER:   Nursing Hom  OF 28c. INJ  WO  1 1 1	ACE OF DEA	Ven in P	Part I. 24a.  1   1   24b.  1   1   24c.  22d. DESCRIBITION Of Now City or Now on the cause(e) one, date end p	WAS AN AI PERFORMING  (City)  E HOW INJ  (Street and or my Stete)  end menne	UTOPSY ED?  I Number or or oe stated, due to the c	24b. Wil AM CO OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ERE AUTOPSY FINDINGS AMABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significent condition  ATTUTO TOTAL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?    YES 2   200  27. MANNER OF DEATH  1   Natural 5   Pending Investigation   1   Natural 2   Accident   1   Natural 3   Suicide 6   Could not be determined  299 CERTIFIER (Check only one)   2   MEDICAL EXAMINER	DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE 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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significent condition  ATTOTO VALL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 DED  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined  299 CERTIFIER CONDITION MEDICAL EXAMINER  299 CERTIFIER CONDITION MEDICAL EXAMINER  30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONS	ENCE OF):  ENCE OF):  ENCE OF):  Uiting in  DOA (4):  INJUF  occurred occurred ostigation,	the underlying  26. 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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGI	ENE	/ C.,	10110
	arah C. Bel	L1			2. DATE OF DEATH	PAY C	YEAR 9.1	TIME OF GEATH
4. SOCIAL SECURITY NUMBER 239-62-1400	1 DM 2 SF 2		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 5-26-4	-1 -1	a. BIRTHPLAC Country) North	CE (State or Foreign
9a. FACILITY NAME (# not institution, give Bon Secours H			Carry, Town	OR LOCATION OF D	EATH	Sc. COUN	TY OF DEATH	
RESIDENCE OF DECEDENT  100. STATE  10b. COUN  Md.	ry	10с. СПУ, Т Ва1ti	OWN OR LOCA	TION				I. INSIDE CITY LIMITS?  YES 2 NO
10e. STREET AND NUMBER 321 N. Paca S	t.			1. ZIP CODE		10g. CITIZ	EN OF WHAT	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS OF	CENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc. iy:	Yes or No	14. RACE A Black, Wh	American Indian, life, stc. lack
15. OECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	160. DECEDENT'S USK (Give kind of work life. Do NOT use re Practica	done during m tired.)	ost of working	166. KIND OF	BUSINESS/INDU	JSTRY	
17. FATHER'S NAME (First, Middle, Last) Thomas Mciiwa	in				AME (First, Middle, Mai			
19a. INFORMANT'S NAME (Type/Print) Veronica Bell					Route Number, City or Charlott			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that certain that certain a. A & H	the deeth. Do not	d Cen 22. NAME A Doug1 1701 enter the ma	ND ADDRESS OF FA ASS Fur McCulle Date of dying, aud	neral Se oh St.	ervice		Approximate interval Between Onset and Death
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):	•					
PART II. Other algnificant condition		out not reaulting in the	he underlyin	g ceuse given in	Part I. 24s. WAS PER 1 YES	AN AUTOPSY FORMED?	AWAII COM OF E	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 3 NO	HOSPITAL:		THER:	LACE OF DEATH (C)				
17. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	286. TIME OF	M 1	URY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCL	URED	
	building, etc. (Spe- BICIAN: To the best of my know ER: On the besis of examination	rledge, death occurred at	t the time, date	and plece, end duc	time, data end place	manner ee atated, and due to the	d. cause(e) and	I manner ae stated.
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	ot)	29c. LICENSE NU	MBER	≥9d. DATE	SIGNED (Mon	th, Day, Year)
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Salt	ID «	20		, <u>.</u>		
APR 2	1992 Julie	Devidor-Pon	ALC:				-	DHMH-16 Rev 1/8

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

57701 SI

Cartha a. T. Las

and were forest policy for the

8. BIRTHPLACE (State or Foreign Country)

A.A. COUNTY

21122

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Maryland

9c. COUNTY OF DEATH

3. TIME OF OEATH
11:11 AM

REG. NO.

DAY 11

2. DATE OF DEATH

7. DATE OF BIRTN (Month, Day, Year)

NOV. 6, 1931

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

E

5. SEX

1X M 2 | F

**GEORGE** 

4. SOCIAL SECURITY NUMBER

217 26 8596

9a. FACILITY NAME (If not institution, give street and number)

1 -

Should

15	RESIDENCE OF DECEDER	JEL HUSPITAL AS	SOCIATION	GL	EN DUKNTI	<u> </u>		Λ.Γ	. COUNT
DIRECTO	10a. STATE 10b. C	ounty inne Arundel	10c. CITY, 1	TOWN OR LOCA		dena		1	Od. INSIDE CITY
- 10	10e. STREET AND NUMBER	and in dider		- 1	of, ZIP CODE	deria	Total com		YES 2X N
FUNERAL	1591 Colony F	d.		"	211	22	1		States
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF TES, GIVE WAN ON	IN U.S. ARMED S 2 NO DATES COnflict	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica S 2 NO Specify	n, Puerto Rican, e	Ify Yes or No—	14. RACE - Black, V Specify:	- American Indian White, atc.  White
COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 12		16a. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during m etired.)	ION lost of working		lity Co		,,,,,,
E COM	17. FATHER'S NAME (First, Middle, La George		Baker, Sr.	18. MOTHER'S NAME (First, Middle, M					lling
2	19a. INFORMANT'S NAME (Type/Print Shirley L. Bak	")	19b. MAILING AL		and Number or Rural F y Rd., Pa				
1	20a. METHOD OF DISPOSITION  1 \$\formall \text{ Burlel } 2 \subseteq \text{ Cremetton } 3 \subseteq 4 \subseteq \text{ Donation } 6 \subseteq \text{ Other (Specify)}	Removal from State   Co	Ob. PLACE AND DATE OF I emetery, cremetory or other len Haven	DISPOSITION (A	lame of	DATE 2	De. LOCATION —		
1	21. SIGNATURE OF FUNERAL SERV	10	ten naven	22. NAME A	al PR. 4/ ND ADDRESS OF FA Ully Fune 4 Mountai	ral Hom	Glen Bur e of Pas Pasaden	saden	
CERTIFICATION	23. PART I. Enter/the disease abook, or heert fa IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):		0			eat,	Approximat Interval Bet Onset and I
MEDICAL	PART II. Other significent con	ditiona contributing to deeth	but not resulting in	the underlyin	ng ceuse given in	PI	AS AN AUTOPSY ERFORMED?	Al C	ERE AUTOPSY FIN MILABLE PRIOR TO DMPLETION OF CA F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEON EXAMINER?	HOSPITAL:	10	26. P	LACE OF GEATN (Che	ck only one)			
	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	1 Inpatient 2 ER/Ou 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN	JURY AT ORK?	6 Other (Specification of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan		CURED	
ED BY	2 Accident Investig 3 Suicide 8 Could n 4 Homicide determin	ot be 28s. PLACE OF INJUR	RY — At home, farm, streecify)		YES 2 NO	281. LOCATION (S City or Town,	itreel and Number State)	or Rural Rou	te Number,
<u></u>		PHYSICIAN: To the best of my kno AMINER: On the bests of exeminat							
BE	29b. SIGNATURE AND TITLE OF CEI	TIFIER I LEI	7		29c. LICENSE NUM D-22	BER 2609	29d, DATE	SIGNED (M	onth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSO RUBEN REID	ER, M.D./7445-	A PURNACE	BRANCH	ROAD,/GI	EN BURN	IE, MAR	YLAND	21060
	31. DATE FILED (Month, Day, Year)  APR 2 0 19	92 Julia Savide	NATURE RUNGLES						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

6. AGE (In yrs. lest birthday)

YRS.

60

BAKER, JR

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

OLDM DUDNIE

BALTIMORE, MARYLAND 21215-0020

missioners are an equine once to consider the most state of the consideration of attending physician.  It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Memial Hygiene prior to burial, cemadion, or removal.	ical examiner must be notified at once.	COMPLETED BY CHANGE OF
THINERAL DISCORDER After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certaidou, or temporal.	IMPORTANT. It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIE		2 10780		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH		
	Jane Estelle	BURNHAM				April 16				
	220-22-6873  9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	61 YRS.	F UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mg/HD, Day, 16ar) 7-11-193 (	)	B. BIRTHPLACE (State or Foreign County) LAND		
HOL	FRANKLIN SQUARE H	RE HOSPITAL ROSSVILL					ou doublit of beatiff			
DIRECTOR		BALTIMORE	10c. CITY,	TOWN OR LOCAT	OUNDALK			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 8240 KAVANAGH ROA	D		101	ZIP CODE 212	222	10g. CITIZ	EN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3XXWIdowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES IF YES, GIVE WAR OR DATE	XXNO	13. WAS DEC If yes, sp 1 YES	ENDENT OF HISPAN Helly Cuben, Mexica 2 NO Specify	HC ORIGIN? (Specify You, Puerto Rican, etc.)	es or No- 1	14. RACE — American Indian, Black, White, atc. Specify: WHITE		
CELED	15. DECEDENT'S EDU( (Specify only highest grade Elementary/Secondary (0-12)	CATION 18 Completed) College (1-4 or 5+)	(Give kind of wo	rk done during mo.	N at of working	16b, KIND OF B	JSINESS/INDU			
Z Z	11TH GRADE	N/A	SEC	CRETARY		R.K.	TONGL	UE INSURANCE		
BE CO	17. FATHER'S NAME (First, Middle, Last) GEORGE KOCHER					ME (First, Middle, Maide				
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or To	wn, State, Zip C	Pode)		
	JAMES W. BURNHAM,			CAVANAGE		BALTIMORE	, MARS	/LAND 21222		
	20e METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remo	oval from State	ACEAND DATE OF	LEY MEN	WRIAL 4-	-20 T1	MONTUN	ty or Town, State  M, MARY LAND		
	21. SIGNATURE OF FUNERAL SERVICE LIC	P. Caro		22. NAME AN DUDA- 7922 (1	RUCK FUN VISE AVEN	IERAL HOME	OF DU	INDALK INC.		
Nollow	23. PART I. Enter the diseases, or cahock, or heart failura. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (DR AS A CO	INSEQUENCE OF):					interval Batween		
	PART II. Other algorificant conditions DIC HBP.	a contributing to death but r	not reaulting in	the underlying	cauee given in f	Pert I. 24e, WAS AF PERFO 1 PES	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1 Impetient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Dey, Year)		OTHER:  Nursing Home PF 28c, INJU	S Residence		INJURY OCCU	RED		
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide a Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, stre	M 1 7	S 2 NO	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge t: On the basis of examination and	e, death occurred	at the time, data a	nd place, and due t	o the cause(a) and ma	nner as stated.	Seuse(s) and menner as wated		
	29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DEATH			29c. LICENSE NUM	BER	29d. DATE S	SIGNED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year)	N. Point E	Poad.	Balt.	Maryla	nd. 21.	224.			
	4-16-92	1 APK 2 U 19	41 94	he sevide	m- Handell					

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN	_	10781
	1. DECEDENT'S NAME (First, Middle, Lest)  M. D. L. L. T.	E Boon	BOONE			2. DATE OF DEATH MONTH D.		3. TIME OF DEATH
	212-14-2500	5. SEX  1 M 2 S S S S S S S S S S S S S S S S S S	9 YRS. MONTH	2400	HOURS MIN.	7. DATE OF BIFTTH (Month, Pay, Year)	22	BIRTHPLACE (State or Foreign Country) VIRGINIA Y OF DEATN
DIRECTOR	RESIDENCE OF DECEMENT  106. STATE  106. COUNTY	SPITAL	10e, CITY, TOW	ALT	Imo	RE CITY		
	MARYLAND	NONE		IMOR				10d. INSIDE CITY TEMITS?  1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2919 Woodland	Avenue		101.	ZIP CODE 21215			n of what country? ted States
BY		12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2. IF YES, GIVE WAR OR DATES	ARMED 1	13. WAS DECE If yea, spec 1 YES	NDENT OF NISPAI	NIC ORIGIN? (Specify Yearn, Puerlo Rican, etc.)		I. RACE — American Indian, Black, Whita, atc. Specify:
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (9-12)	ompleted)	DECEDENT'S USUAL (Give kind of work do: life. Do NOT use retired	ne durina mosi	N I of working	16b. KIND OF BUS	SINESS/INDUS	Negroid
MPL	(7.13	one	Domest	tic		Priva		ome
BE CC	unk.					ME (First, Middle, Maiden Jones	Sumame)	
10	19a. INFORMANT'S NAME (Typo/Print) Carolyn Moore					nue, Balt		e, Md. 21215
	20a. METHOD OF DISPOSITION XIXBurial 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	al trom Stafe 20b. PLAC	CE AND DATE OF DISP	emet	ery 4-	DATE 20c. LO 22-92 Bal	cation - cir	y or Town, State re, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENTAL B.	Scruse 8	) 2 1	Calv	ADDRESS OF FA	Scruggs I ston St.	uner: Balto	al Home
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis IMMEDIATE CAUSE (Final	mplications that caused the st only one cause on each li	death. Do not ent	ter the mod	e of dying, auc	h aa cerdiac or reapi	retory arres	t, Approximate interval Between Onset and Death
	disease or condition resulting in desth)	Caediores	DIFATEU	for	rest (	cardiores	spira	tory arrest)
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	BEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions of SIPhyp replace	contributing to death but not execut 12/91.	t resulting in the	underlying	ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLA	CE OF DEATH (Ch	eck only one)		
HYSI	4 17 19 19 19 19	HOSPITAL: Inpatient 2 ER/Outpatient 28s. DATE OF INJURY	3X DOA 4 N			8 Other (Specify)		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	1 YE	K?	28d. DESCRIBE HOW II		
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, ti	actory, office		28t. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,
COMPLET		AN: To the best of my knowledge, On the basis of examination and/o						ause(a) and manner as stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER  COMBOLIC P  30, NAME AND ADDRESS OF DEBSON WAY	-aul kneir	MD		29c. LICENSE NUN		29d. DATE \$	IGNED (Morth, Day, Year) 6/92 9 AM

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD SINCL HOS INTEL ER

32. REGISTRAR'S SIGNATURE



30. NAME AND ADDRESS OF PERSON KRFAUlkner

APR 20 1992

BALTIMORE, MARYLAND 21215-0020

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HE H	HE FI	led w	ORT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Frieurs after death. Page 6 nr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mus

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

APR 2

MOHAMMAN

10

who completed cause of Death (ITEM 27) (Type, Print)

TA Qi MD 67.10 4

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	rst, Middle, Last)						DEATH	2. DATE C	REG. NO.			3. TIME OF DEATH
								MONTH	15-199		YEAR	5:00 P
Mary E. Coney		5. SEX	6. AGE (In yrs. Is	nst birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	72	8. BIRTHPLACE (State or For	
215-46-756	8	1 🗌 M 2 💢 F	83	YRS.	MONTHS	DAYS	HOURS MIN.	1-2	9-1909	9	Mai	rvland
9a. FACILITY NAME (# not	institution, give	street and number)		6	9b. CITY,	TOWN C	R LOCATION OF	DEATH		9c, COU	NTY OF	
Francis Sco	ott Ke	Med. Ct	r.		Ba	ltin	nore Cit	у				
10a, STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY LIMITS?
Md.	Bal	timore	241		Dun	dall	(					1 TES 2 NO
1843 Merri		i.,		0		101	21222			U.S		WHAT COUNTRY?
	11. MARITAL STATUS    Never Married   2   Married   FORCES?   1   YES   2		YES 2 V	RMED NO		lf yes, sp	ecity Cuban, Maxic	en, Puerto R		or No—	Spec	E — American Indian, ck, White, etc. city:
	ECEDENT'S ED		16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON	18b.	KIND OF BUS	BINESS/INI	*******	LLE
Elementary/Secondary		completed) College (1-4 or 5	+)	Give kind of the Do NOT us	work done ( se retired.)	during mo	et of working					
3½ high scl			Но	usewi	.fe				vn Hon			
17. FATHER'S NAME (Flist, Alexander (		maals		22			18. MOTHER'S N			Sumame)		
		HIOCK					Lola		_			
198. INFORMANT'S NAME (Type/Print) Lola Van Lill  198. MAILINO ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) 3428 Yardley Dr., Dundalk, Md. 21222												
20s. METHOD OF DISPOSITION  NO Burlet 2 Cremetton 3 Removal from State  1 Donatton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  CLynmalina Cemetery 4-18-92 Monkton, Md.												
4 Donation 5 Oth		CENSEE /	_ Clynm	alira	Cem	eter	y 4-	18-92	Mor	nktor	1. M	d
4 Donation 5 Oth  21. SIGNATURE OF FUNER  ROULE	RAL SERVICE L	dace	[moo	933	B 2	rad]	ley-Asht Willow	on Fu Spring	neral g Rd.[	Home Ounda	ik,	
21. SIGNATURE OF FUNEF	diseases, or heart failure	dace	At caused the duse on each lin	933 daeth. Do	B 2	rad]	Ley-Asht Willow oda of dying, au	on Fun	neral g Rd.[	Home Ounda	ik,	nc.
23. PART I. Enter the shock, or IMMEDIATE CAUSE (f disease or condition	diseases, or heart failure	a. DUE TO	At caused the duse on each lin	desth. Do na.	not enter	rad]	Ley-Asht Willow oda of dying, au	on Fun	neral g Rd.[	Home Ounda	ik,	Md. 21222 Approximata
23. PART I. Enter the shock, or IMMEDIATE CAUSE (filesease or condition resulting in death)  Sequentially list condition, leading to immicause. Enter UNDERL CAUSE (Disease or intert initiated events	diseases, or heart failure Final dittions, nediate LYING njury	a. A C A DUE TO  b. DUE TO  c. DUE TO  d.	at caused the cuse on each line to consider the cuse on each line to consider the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of the cuse of	desth. Do ma.  OCAVA EQUENCE O	D 22. B 2 not enter	rad] 134 the mo	Ley-Asht Willow Ida of dying, au	on Fun	neral g Rd.[	Home Dunda Iretory ar	e, In	Md. 21222 Approximata
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WAS AN PERFOR	AUTOPSY MED?	e, Inalk, Test,	Approximate interval Between Onset and Deal on the Autopsy Finding AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

29c. LICENSE NUMBER D21859

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16/92.

MENTAL HYGIENE

POSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

INTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should safe within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE O	OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH
DECEDENT'S NAME (First, Middle,	Lest)	
WILBERT	M.	CRAWFORD
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In vrs. last hirthday) IF IMPER 1 YEAR IN IMPER 14 IMP

1 - STATE REGISTRAR	SIAIL UF	WARYLAND C	UEPAR ERTIF					MENTA	L HYGIEN REG. NO	-		
1. DECEDENT'S NAME (First, Middle WILBERT	Last)			RAWF	npn			MONT	OF DEATH	r*3 -	55	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is				IF UNDER		4		13 -		
228-07-3579	1 🕅 M 2 🗆 F	7:		MONTHS	DAYS	HOURS	MIN.	(Mont	OF BIRTH		8. BIRTH Country	
90. FACILITY NAME (If not institution	give street end number)			9b. CITY	TOWN	OR LOCATI	ON OF DE		3=19	I an con	UNTY OF D	VIRGINIA
1131 N. MILTO					LTIM		ON 01 BE			SC. CO.	JATT OF D	EATH
	SIDENCE OF DECEDENT  STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INSIDE CITY.											
MD 106. STATE	OUNTY			LTIM		ION						10d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER			DA	LITI								1XXYES 2 NO
1131 N. MILTO	STREET				10	2121	_			10g. Ct		HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	AMED	13	WAS DEC			IIC OBIGII	N? (Specify Ye	a or No	U.S.	
1 Never Merried 2 Merried 3 Wildowed 4 Divorced		YES 2 X	NO	1 1	it yes, sp	ecify Cube	n, Mexice	n, Puerto	Ricen, atc.)	s or No	Black Speci	- American Indian, i, White, etc.
15. DECEDENT (Specify only highes	S EDUCATION	16e. D	ECEDENT'S Give kind of	USUAL O	CCUPATIO	ON Of words		168	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 d		b. Do NOT u	se retired.)	uunny mo	St OF WORK	v					
6th												
17. FATHER'S NAME (First, Middle, Li									Middle, Melden	Sumeme)		
CHEEK CRAWFOR  190. INFORMANT'S NAME (Type/Prin									MILTON			
LILLIE MAE ST									DOK City or TOW MORE,			
20e. METHOD OF DISPOSITION  1X XBuriet 2 Cremetion 3 C  4 Donation 6 Other (Specify		20b. PLACE cemetery, cr K T NG						DAT			City or To	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Commetter, greenlogy of other (Specify)  Commetter, greenlogy of other (Specify)  Commetter, greenlogy of other (Specify)  RANDALL STOWN, MD  22. NAME AND ADDRESS OF FACILITY												
Hime	ttex.	Jon	do						101 E.			ENUE
23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Astashtel	OF AS A CONSE	Car	el/	the mo	de of dyl	ng, such	a cen	diec or resp	Iratory a	rrest,	Approximate interval Between Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSE	OUENCE O	Unc F):	QV	P	bo	re	/ hus	Ĵ		3mo
PART II. Other algnificent con		deeth but not	resulting	in the un				_	24s. WAS AN PERFOR 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
EXAMINER?	HOSPITAL:	Carte Celle		OTHER		ACE OF D	EATH (Che	ck only or	10)			
1 YES 2 NO.	1 Inpatient 2 I		3 DOA	4 🗆 Nun	_	_	sidence					
1 Natural 5 Pending 2 Accident Investig	(Month, Di	ay, Year)		URY M	28c. INJ WO 1 1	RK?	NO	280. DES	CRIBE HOW I	NJURY OC	CURED	
3 Suicide 8 Could n 4 Homicide determin	Duilding,	ome, ferm,	, street, fectory, office 28f.			28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)						
	PHYSICIAN: To the best of AMINER: On the basis of ex											and manner on stated
29b. SIGNATURE AND TITLE OF CER							NSE NUM					(Mogth, Day, Year)
LING-1	Vun nD					D	39.	74	6	•	4/16	10-
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type.	E. N	low	iner	+5	-	Bul	+ M	0	41205
APR 2 0 199	STUNA DEUT	R'S SIGNATURE	LER									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Panes		
In.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages		
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ENDING	R: After	ter death	s is me
OH ALL	DIRECTO	nours aft	tem 28
SPILAL	NERAL	hin 72 h	AT. II
HO	E	Will	TAI

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 10784 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH
TAPTIL 14, 1992 3:17am C. Carter Rebecca 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MHN. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) BIRTNPLACE (State or Foreign Country) 1 ☐ M 2 🌠 F 212-30-6667 YRS. Mar 29 1930 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Maryland General Hospital Balfimore City RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO BE COMPLETED BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3704 Gwynn Oak Avenue 21207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: 3 🐰 Widowed 4 🗌 Divorced **Black** 15 DECEDENT'S EDUCATION 2 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	de completed)	(Give kind o	(Give kind of work done during most of working life. Do NOT use retired.)			166. KIND OF BUSINESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)		L.P.N. Private Dut						
17. FATNER'S NAME (First, Middle, Lest)		1 1	P.N.				uty		
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Wilbur E. Jac	Kson	1	and the second second			Smith			
						r, City or Town, State, Zip Co			
Levadia Johns	on				e. B	altimore,		21207	
20e. METNOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Re	moval from State	20b. PLACE AND DAT cemetery, crematory or		(Name of	DATE				
Donation 5 Other (Specify)		Metro Ci	remator		14/1	5 Catonsv	ille,	MD	
21. SIGNATURE OF FUNERAL SERVICE L	R Baile		22. NAME 250	AND ADDRESS OF FA	Fal	tter Fune:	ral H	omes In	
Varnori		/	Ba1	timore,	Mar	1s Parkwa yland 21	216		
23. PART I. Enter the diseases, or shock, or heart failure	r complications that co b. List only one cause	oused the death. Do on each lins.	not enter the n	node of dying, suc	ch se cardie	c or respiratory stres		Approximats interval Batwee	
MMEDIATE CAUSE (Final								Onset and Dear	
disease or condition	Metasta	ıtic squam	ous cell	L carcino	ma				
	DUE TO (OF	AS A CONSEQUENCE	OF):						
	b						1		
Sequentially list conditions, f any, lesding to immediate	DUE TO (OR AS A CONSEQUENCE OF):								
CAUSE (Disesse or Injury	c								
that initiated events	DUE TO (OF	AS A CONSEQUENCE	S A CONSEQUENCE OF):						
moulting in death) I ACT III									
resoluting in destin LAST	d								
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	ons contributing to de	eth but not resulting	in the underly	ing cause given in	Part I. 2	24a. WAS AN AUTOPSY PERFORMED?	AVAILA	BLE PRIOR TO	
	ons contributing to de	eth but not resulting	in the underly	ing cause given in			AVAILA	BLE PRIOR TO LETION OF CAUSE	
	ons contributing to de-	eth but not resulting	in the underly	ing cause given in		PERFORMED?	OF DE	BLE PRIOR TO LETION OF CAUSE	
	d do de	eth but not resulting	g in the underly	ing cause given in		PERFORMED?	OF DE	ABLE PRIOR TO LETION OF CAUSE ATH?	
PART II. Other significant conditions to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of		eth but not resulting	26.	Ing cause given in		PERFORMED?	OF DE	ABLE PRIOR TO LETION OF CAUSE ATH?	
PART II. Other significant condition	HOSPITAL:	eth but not resulting	26.	PLACE OF DEATN (C/	neck only one)	PERFORMED?	OF DE	LETION OF CAUSE ATH?	
PART II. Other significant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 % Inpetient 2 EP	VOutpetient 3 DOA	26. OTHER: 4   Nursing He	PLACE OF DEATN (C)	seck anly one)	PERFORMED?	ANAILA COMPI OF DE	ABLE PRIOR TO LETION OF CAUSE ATH?	
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PART II. Other significant conditions  5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2X NO  7. MANNER OF DEATN  1 Notural 5 Pending Investigation 2 Noticide 6 Could not be determined  90. CERTIFIER (Check only)	HOSPITAL:  1 X Inpatient 2 = EF  28e. DATE OF INJ (Month, Day, 1)  28e. PLACE OF IN building, etc.	VOutpetient 3 DOA URY 26b. Ti If ther)  JURY At home, term (Specify)  knowledge, death occu	26. OTHER: 4   Nursing H ME OF NURY M 1 [ , street, fectory, of	PLACE OF DEATN (C) Dome 5 Residence NJURY AT WORK? YES 2 NO flice	8 Other ( 28d. DESC 28t. LOCAT City or	PERFORMED?  1 YES 2 X NO  Specify)  RIBE HOW INJURY OCCUP  TOWN, State)	AMALLA COMPI OF DE 1	IBLE PRIOR TO LETION OF CAUSE ATH?  YES 2 NO	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND DEATH	MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last) BEATRIC		ER			2. DATE OF DEATH MONTH	DAY 199	3. TIME OF DEATH 2 7. 25	
	4. SOCIAL SECURITY NUMBER 215-12-5710	1 - M 2/CXF	(In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	Maryland	
OR	90. FACILITY NAME (If not institution, give Liberty Medic RESIDENCE OF DECEDENT				or Location of		9c. COUNTY		
DIRECTOR	10a, STATE 10b, COUNT	10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER		В	altimo	T E		10g. CITIZEN	1XXYES 2 □ NO	
FUNERAL	3719 Overview 11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DE	Baltin	NOTE ANIC ORIGIN? (Specify V	as or No. 14 1	RACE — American Indian.	
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	II yes, s	pecify Cuban, Mexi S 2 NO Spec	can, Puarto Rican, etc.)		Black, White, atc.  Specify:  Black	
LETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT un	USUAL OCCUPATI work done during m ie retired.)	ON ost of working	16b. KIND OF B	USINESS/INDUSTI		
COMPLET	High School  17. FATHER'S NAME (First, Middle, Last)		Deb	t Coll	_	Socia:		rity Admi	
BE	Halbert Smith  190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	Mabel	West I Route Number, City or To	wa State Zin Code		
5	Johnn Fax		8610	Riggs 1	Road	Adelphi,	MD 2	0783	
	20a METHOD OF OISPOSITION  1 Dourisl 2 Cremation 3 Ram  4 Donation a Other (Specify)	noval from State 20b cem M	PLACE AND DATE ( elery, cremetory or o D veter	an Cem/	Garris	on4/20 0x	ocation - chy o	dills. MD	
	21. SIGNATURE OF FUNERAL SERVICE U	Pten	٠.	22. NAME A	ND ADDRESS OF F	ACILITNUTTER AS Falls MD 212	Funera	1 Homes T	
rion	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	b	CONSEQUENCE OF		olopath	7		Interval Set Onset and I	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algorithms condition  Response  January Se	toy faihu	ut not reaulting i	n the underlyIn	g ceuse given in	Pert I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c. INJ	PURY AT DRK?	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	D	
	3 Suicide a Could not be determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	treet, factory, offic	•	28I. LOCATION (Street City or Town, State	OCATION (Street and Number or Rural Route Number, Stry or Town, State)		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI	ICIAN: To the best of my knowlers: On the basis of examination	edge, death occurre and/or investigation	d at the time, date	and place, end du	e to the cause(e) end ma	nner ee stated,	se(s) and manner ee state	
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	OFFICE			D40	521	→ 4/13	NED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH DR OCKANEY	2600 LIB	RERTY H	FIGHTS	AU. BA	TIMORE, 5	NTER NO 212	215	
	31. DATE FILEO (Month, Day, Year)								

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		MARYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYGIEN REG. NO	IE	- Good	10700	
	1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF OEATH	MY	YEAR	3. TIME OF DEATH	
	VIRGINIA	D OROTHY		CAFFO		04	16	92	04:54 AM M	
	4. SOCIAL SECURITY NUMBER 183-12-5579	1 🗆 M 2 💢 F	6. AGE (In yrs. lest birthday) 76 YRS.	# UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/24/1915		8. BIRTHPLACE (State or Foreign Country)  New York		
СТОВ	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE  A.A. COUNTY  RESIDENCE OF DECEMENT									
FUNERAL DIRECTOR	Maryland Ann	ne Arundel		Linthicul			T 40 - 0171		10d. INSIDE CITY LIMITS? 1 YES 2/X NO	
NERA	812 Lynview Dri				21090					
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	IE VES CIVE WAR OR DATES			CENDENT OF HISPANI secify Cuben, Mexican is 2)( NO Specify:	a or No	14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 11th Grade	ON ost of working	TOWAY			modit Union				
BE COM	11th Grade Loan Officer Tower Federal Credit  17. FATHER'S NAME (First, Middle, Last) Unknown Hazel Eckert								reart onto	
TO 8	Mrs. Barbara F. Brager  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 902 Wanda Road, Linthicum, Maryland 21090									
	20e. METHOD OF DISPOSITION 1 M Burlei 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Cedar Hill Cemetery 4/18/92 Baltimore, Maryland									
	Kevin E. Ecker    Comparison of Funeral Service Licensee   Kevin E. Ecker   McCully Funeral Home of Brooklyn   237 E. Patapsco Ave., Balto., Md. 21225									
	23. PART L Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Due To (	ocardia &	lot enter the mo	as che	ss cardiac or resp	fratory srr	rest,	Approximats Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUB TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
BY PHYSICIAN: MEDICAL CI	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i.    Dichemic Head Disease   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read There   Christian Read									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inputient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
IY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	IANNER OF DEATH  266. DATE OF INJURY (Month, Day, Year)  286. TIME OF INJURY AT WORK?  M 1 7 YES 2 NO								
	2   Accroeme 3   Suicide   6   Could not be   datermined   28e. PLACE OF INJURY — At home, farm, street, factory, office   City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or								ite Number,	
COMPLETED	29e. CERTIFFIER (Check only one)  1 CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner ea stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ea stated.									
TO BE	296. SIGNATURE OF CERTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  10/76/40  10/76/40									
	PAUL M. ROSOFF, M.D./7575 RITCHIE HIGHWAY, SE/GLEN BURNIE, MARYLAND 21061									
	31. DATE PLEP MY 0 1992 J. REPENDLES ON NO. 18									

OHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO 1. DECEDENT'S NAME (First, Middle, Last)

PAUL		E.			CHAPI	,TLAIA		04		14	199	72	2:00
4. SOCIAL SECURITY NUME			8. AGE (In yrs.	lest birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRT	H		8. BIRTH Countr	PLACE (State or For
287 20 966		1 M 2 F	64	YRS.	MONTHS	DATE	HOURE MIN.		20/19			Oh	
9a. FACILITY NAME (If not institution, give street and number)							R LOCATION OF	DEATH		9	c. COUN	TY OF D	EATH
ST.AGNES HO					BALTIMORE CITY ======								
10a, STATE	10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
Maryland	Ca	tons	onsville Lim					LIMITS?					
104. STREET AND NUMBER 228 Osborne Avenue						101. ZIP CODE 10g. CITIZEN OF WH 21228 U.S.A.					VHAT COUNTRY?		
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES WO'LD WAY II			YES 2 AR OR DATES	NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)  Black, White,  1 YES 2 X NO Specify:  Soeoffy:									
(Specify only highest grade completed)				DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working									
5th Grade	-12)	College (1-4 or 5+	, ,	Rigger						p Bu	Building		
17. FATHER'S NAME (First, M		1 and Cha					18. MOTHER'S P				,		
		loyd Cha	apman	Lula Eggerton									
Robert Win							nd Number or Flura						21220
		е					venue						
20a. METHOD OF DISPOSITI  1.20 Burial 2 Cremation 4 Donation 6 Other	n 3 🗆 Remo	oval from State	cemetery, of Balt	EANDDATE crematory or o	## ADDATE OF DISPOSITION (Name of above or other place)   DATE   20c. LOCATION — City or Town   ADDATE   ADDATE   20c. LOCATION — City or Town   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   ADDATE   AD								
21. SIGNATURE OF FURERAL SERVICE AMERICE					22.	22. NAME AND ADDRESS OF FACILITY							
( Exhaust Flow								George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225					
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MMEDIATE CAUSE (Fin	ons, diete	LIST ONLY ONE COURT  LIST ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	se on each li	RTERIC SEQUENCE O	OSCLE	the mo	Ritchie de of dylng, au	Hwy ich ea ca	Ba:	ltime reepirate	ore,	Md st,	Approximating
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BALTIMORE, MARYLAND 21203-3146	rs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and complete, and in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	1
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a ster death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. In by the it be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

APR 201992

32 AEGISTAM'S SIGNATURE Juna Daydoon-Randall

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)  CHARLES DECK					4- 10	6- 92		om "	
	4. SOCIAL SECURITY NUMBER 549-24-0697	1 <del>M</del> 2 □ F 87	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. NOURO MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 11-05-04		BIRTHPLACE (State or For Country) Virginia	eign	
TOR	99. FACILITY NAME (If not institution, give s RIVERVIEW NURSING RESIDENCE OF DECEMENT	EATH	9c. COUNTY OF DEATH Beltimore							
DIRECTOR	10e. STATE 10b. COUNT	Baltim		10d. INSIG						
FUNERAL	100. STREET AND NUMBER 1731 E. Lomb	ot. ZIP CODE 2123	31.	OF WHAT COUNTRY?						
BY	11. MARITAL STATUS 1 Never Married 2 Merried  TO Widowed 4 Divorced	If yes, a		SPANIC ORIGIN? (Specify Yee or No— xkcan, Puerio Rican, etc.) secify:  14. RACE — American Indian, Black, White, etc. Specify: White						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 8+)	life. Do NOT use	ork done during n		10b. KIND OF BUSINESS/INDUSTRY  Merchant Marine				
6 111	17. FATHER'S NAME (First, Middle, Last)  Charles Deck				adows					
TO BI	Joseph Popwicz		79	33 Shi	rley Aven		more. N	arvland 21	237	
	20b. PLACE OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Stafordville, Virginian)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State									
	22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore. Maryland 212									
and memory examined	PART I. Enter the diseases, or shock, or heart fallure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one couse on a	ech lina.	Heart	ode of dying, aud	ch as cardiac or resp	iratory arrest	Approxima Interval Be Onset and	rte etween	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	S. CV.D., A CONSEQUENCE OF	:				841		
MEDICAL C	PART II. Other significent condition	Part I. 24a, WAS AP PERFO 1  YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	nution 2 7 DOA	OTHER:	PLACE OF DEATH (C)					
D BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending	8 ( Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED								
위비	2 Accident Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
D BE COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(e) and manner ee stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(e) and menner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Perman hu	id		MD De	MBER 08019	29d. DATE 8	IGNED (Month, Day, Year)		
10	130. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print) nDSm			1229.			

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Brusdainski Funerel Bore PA 1407 Eastern Ave, Baltimore, Earland Lasti

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90. FACILITY NAME (If not in					9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. CO	JNTY OF	DEATH
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11. MARITAL STATUS  1 Never Married 2 2  3 Wildowed 4 Divo		FORCES? 1 IF YES, GIVE W	LEVER IN U.S. ARME	D		If yes, sp	ENDENT Cocify-Cube	n, Mexica	n, Puart	BIN? (Specify You or Rican, atc.)	es or No—	Blac	E - American Indian, ck, White, etc.
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12TH				ALES	SMAN					C&I	TEL	ЕРНО	NE CO
17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTI	VER'S NAI	ME (First	, Middle, Maide	n Sumama)		
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19a. INFORMANT'S NAME (			19h 6	MAILING	ADDRESS	(Street e				mber, City or To			
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20a. METNOD QE DISPOSIT	ION		20b. PLACE AND						-				
1 Burial 2 Donation 5 Other	on 3 🗆 Rem	novel from State	cemetery, crema METRO C	tory or o	ther place	ITION (Na	me of		4-	20	OCATION -	-	
21. SIGNATURE OF FUNERA	1.1	CENSEE	MEIRO C	KEM			ID ADDRES			BA	LTIMO	JKE,	MD
Shirt	Peril	2000	ofthe		H	UBBA	RD F	UNER	AL	HOME,			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

APR 2 0 1992

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5	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be e	THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician
1	臣	E

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last) EUGENE	OMAR	EDWAF	RDS SR	:	REG. NO	AY Y	3. TIME OF 9
	4. SOCIAL SECURITY NUMBER		ELWAI  AGE (In yrs. last birthday)	IF UNDER 1 YEAR		04 10		92 4:17 BIRTHPLACE (State)
	203-24-7915	1√2 M 2 □ F	60 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 02 21 3	32	Country) MARYLAND
E E	9a. FACILITY NAME (If not institution, give a 3601 GREENWAY	street and number)		BALTI	OR LOCATION OF DEAT	TH .	9c. COUNTY	OF DEATN
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		140-017				<u></u>	
DIRECTOR	MARYLAND		10c. G1	y, town or loca BA	LTIMORE			10d. INSIDE LIMITS?
FUNERAL	10e. STREET AND NUMBER 4214 FALLS	ROAD		10	21213	L	10g. CITIZEN	USA
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 7 IF YES, GIVE WAR (	YES 2 NO	13. WAS DEC	CENDENT OF NISPANIC pecify Cuban, Maxican, \$ 2 NO Specify:	ORIGIN? (Specify Yes	or No 14.	. RACE — American Black, Whita, etc. Specify:
8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATI		16b, KIND OF BU	SINESS/INDUS	WHITI
PLET	Elementary/Secondary (0-12) 1.2TH	College (1-4 or 5+)	Ille. Do NOT us	work done during mass retired.)  CONTRA		SELE-E	EMPLOYI	? <b>n</b>
COMPL	17. FATHER'S NAME (First, Middle, Last)		1111111	CONTRAIN		(First, Middle, Maiden		עפ
BE C	GLEN EDWARDS	3				VERL JOIN	NES	
5	19a. INFORMANT'S NAME (Type/Print)  CAROL EDWARDS	S			and Number or Rural Rou LS ROAD, I			
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (N.				or Town, State
	1 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		GREEN MOU	INT CEME		8/92 BAI	LTIMOR	E, MARYLA
	21. SIGNATURE OF FUNERAL SERVICE LIC	- Suit	2	A. A	LAN SEITZ, ROLAND AV	JR. FUNI		
NO	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. DUE TO (OR	AS A CONSEQUENCE OF	- Cor	eliovascu			interva
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR	AS A CONSEQUENCE OF	F):				
N: MEDICAL	PART II. Other algnificant condition	is contributing to dae	th but not resulting	in the underlyin	g cause given in Pa	24s. WAS AN PERFOR	IMED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?  YES 2
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Check			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATN	1 Inputient 2 ER/ 26a. DATE OF INJU (Month, Day, Ye	URY 26b. TIM	E OF 28c. IN.	JURY AT 20RK?	Other (Specify)  Bd. DESCRIBE NOW II		REENWAY
	1 Natural 5 Pending Investigation			M 1 🗆	YES 2 NO			
BY	3 Suicide 6 Could not be 4 Hornicide determined	28s. PLACE OF IN, building, etc.	JURY — At home, farm, ( (Specify)	street, factory, offic	2e 2	81. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
ED BY	4 Indiana Galattinia						92	
BY	29a. CERTIFIER (Check only 1 CERTIFYING PNYSI	ER: On the basis of axamir						suse(s) and menner

32. REGISTRAR'S SIGNATURE
1992 Julia Bundon-Randalle

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last PAULINE	: E .	ENDERS		2. DATE OF DEATH DO 04 16	AY YEAR 5 92	3. TIME OF DEATH 2:25 P
4. SOCIAL SECURITY NUMBER 212-26-9053	5. SEX 8. AGE		F UNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03 22	8. BIF	THPLACE (State or Foreign intry) ARYLAND
Sa. FACILITY NAME (If not institution, give		9	GLEN BURNIE		9c. COUNTY OF	
RESIDENCE OF DECEDENT						
	ANNE ARUNDI		GLEN BURN	IE		10d. INSIDE CITY LIMITS?  1 YES 2 NO
10. STREET AND NUMBER 17 COUNTRY CLI 11. MARITAL STATUS	UB DRIVE		101. ZIP CODE 2106	0		S.A.
Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 ZNO	13. WAS DECENDENT OF HISP If yee, specify Cuban, Mexi 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Sp	ACE — American Indian, ack, White, etc. ec/ly: WHITE
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S US (Give kind of work life. Do NOT use r	k done during most of working		SINESS/INDUSTRY	,
12	0	WAITI			AURANT	
	GRUENINGE	R	18. MOTHER'S N EMMA	E. LEIGH		
194 INFORMANT'S NAME (Time(Brief)			DDRESS (Street and Number or Runs	I Route Number, City or Tow	n. State. Zip Code)	
VICKI BURKHA	RDT		EYMAR ROAD-G			21060
20e METHOD OF DISPOSITION 1 X Buriel 2 Crematic 3 Rec 4 Donation 6 9 (Specify)	moval from State	b. PLACE AND DATE OF I	DISPOSITION (Name of CEMETERY		CATION — City of LTIMOR	
21. SIGNATURE OF PUIJERAL SERVICE L	ICENSEE LOU	fman	22. NAME AND ADDRESS OF RAYMOND C. 426 CRAIN	FINK FUN	ERAL HO	OME 21061
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF):	Dejuries			Onset and Dea
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PART II. Other significent condition	one contributing to death	but not resulting in	the underlying cause given i	Part I. 24s. WAS AN PERFOR	IMED?	4b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ē						OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH			26. PLACE OF DEATH (C	Pheck only one)		
1 ¼ YES 2 □ NO	HOSPITAL: 1   Inpatient 2X ER/Out	ipatient 3 🗆 DOA   4	THER:  Nursing Home 5 Residence	6 Other (Specify) NO	ORTH ARU	NDEL HOSPIT
1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 04-16-1	28b. TIME C INJUR 1:30 T	Y WORK?	DRIVER IN		UTO IMPACT
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYS	28a, PLACE OF INJUR		et, factory, office	261. LOCATION (Street a City or Town, State)	and Number or Run	
29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	wledge, death occurred	it the time, date and place, and de			
2 MEDICAL EXAMIN			in my opinion, death occured at th			e(a) and manner sa stated.
MAN THOUGHTURE AND TITLE OF CERTIFIE	orke m	D	29c. LICENSE NI O. C. N		29d. DATE SIGN ▶ 04- 1	ED (Month, Day, Year) 7- 1992
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D		N STREET BALTI	MORE, MARYLA	ND 2120	1
31. DATE FILED (Month; [170, 170.])	32. REGISTRAR'S SIG	NATURE - AND AND AND AND AND AND AND AND AND AND	MARS.			-

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After death

TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is i

marked.

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CERTIFICATION

MEDICAL

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92 10792 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR J. FITZPATRICK JR. April 992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN
(Month, Day, Year)
MAY 29 1914 IF UNDER 1 YEAR | IF UNDER 24 HRS. 216-09-5867 1XX M 2 | F 77 DAYS HOURS YRS. MAY MARYLANI 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR 2207 SMITH AVENUE LANSDOWNE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE LANSDOWNE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2207 SMITH AVENUE 21227 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 A NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR OATES 3 X Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY SECURITY SYSTEMS College (1-4 or 5 +) UNKNOWN SUPERVISOR ALARMS MANUFACTURING 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ALBERT J. FITZPATRICK, SR. ANNA (UNKNOWN) 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY STAUB 3918 COLCHESTER ROAD, BALTIMORE, MD 21227 20s. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State METRO CREMATORY 4/20 4 Donation 5 Other (Specify) BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. Loca. 4107 WILKENS AVENUE-BALTIMORE, MD. 23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or haart failura. List only ona causa on each line. Intervei Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition DUE TO (OR AS A CONSEQUENCE OF): Gmont metastanc resulting in death) Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 TYES 3 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL 1 VES 2 THO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 1 Natural 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 5 Pending 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stein) 6 Could not be

DERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee atsted. 2 MEDICAL EXAMINER: On the bags of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(s) end manner ee stated.

29c. LICENSE NUMBER

D185

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

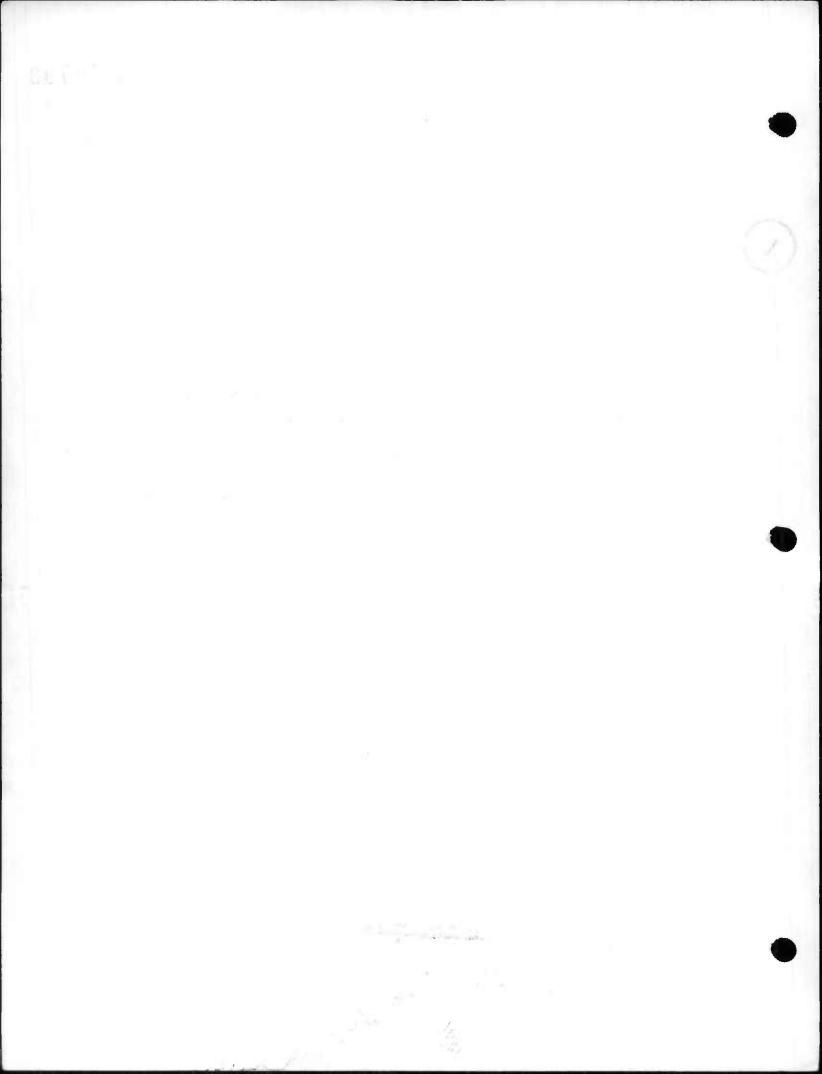
PAUL' E. GORMLEY - 900 CATON AVENUE - BALTIMORE, MD. 21229

31. DATE FILED (Month, DATE APR 2 32. REGISTRADO SIGNATURS

with the prestale canon Concuste 417/92 482819 and the same of the same

D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 malus after death. Page 6 may be retained by the hospital or attending physician.	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the

	* REGISTRAR		CEHITE	CALE	OF DEA	IH	REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)  May Belle B	ister	3.4				2. DATE OF DEATH DO	YEAT	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. S	M 2 D4 83	(In yrs. lest birthday) YRS.	F UNDER 1 Y	EAR IF UNDER	1 24 HRS.	7. DATE OF BIRTH (Month, Dex. Year)	/ Co	RTHPLACE (State or Foreign untry)  Md
OR	9a. FACILITY NAME (If not institution, give atreet as		nvalesant	9b. CITY, TO	Bal A	ON OF DE		9c. COUNTY O	
DIRECTOR	10g. STATE 10b. COUNTY	1+0	10c. CIT	r, town or i	LOCATION	10			10d. INSIDE CITY LIMITS? 1 YES 2 AND
	10e. STREET AND NUMBER	10.		BAC	10f, ZIP COD		c	10g. CITIZEN O	F WHAT COUNTRY?
Y FUNERAL	1 Neyer Merried 2 Merried	WAS DECEDENT EVER I FORCES? 1 YES	2 NO	If y	S DECENDENT	OF HISPAN	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc.
ED BY	3 Note that the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	N Materia	16a. OECEDENT'S	USUAL OCCI	UPATION	ina	16b. KIND OF BU	SINESS/INDUSTR	
COMPLETED		Hege (1-4 or 5 +)		nemak	ing most of work	-	Ow	n Home	:
ဂ္ဂ	17. FATHER'S TAME (First, Middle, Last)		· · · · · · · · · · · · · · · · · · ·	7	18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)	
BE	Oliver T	ucker	19b. MAILING	ADDRESS (S			rine Win		)
유	Henry Fister				illow				Md. 21701
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removat 4 Donation 5 Other (Specify)	from State 20	b. PLACE OF DISPOS Other place) Diphany	Cem	of cometery, cre etery	matory or		estvil	r Town, State
	21. MONATUME OF FUNERAL SERVICE LICENSE	Do Ma	- 11	St		g As	hton Fun		
	23. PART I. Enter the diseases, or comp	Differions that cause	d the death. Do a				on Avenu		28 Approximate
	shock, or heart failure. List  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a	only one cause on						,,	Intervel Between Onset and Death
z			A CONSEQUENCE O		BI	reas	1		
CATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		A CONSEQUENCE O	. /	usor	de	V		
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A COMBEQUENCE O	P):					
EDICAL C	PART II. Other algnificent conditions co	ACLUR O	1		erlying cause	given in	Part I. 24e, WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
		Park	insours	w	244.0			7540	OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL	Ragiosi	30	10	26. PLACE OF	DEATH (Ch	eck only one)	l l	
SIC		OSPITAL:	tpetient 3 DOA	OTHER:	g Home   5 🗆 F	tealdence	6 Other (Specify)		
PHYSICIAN: M	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN		Sc. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCURE	D
ВУР	1 Natural 5 Pending 2 Accident Investigation	(MOINI, Day, 10a)		М	1 YES 2	□ NO			
<b>B</b>	3 Suicide 6 Could not be 4 Homicide datamined	28e. PLACE OF INJUR building, etc. (Sp		street, factor	y, office		281, LOCATION (Street City or Town, State	and Number or Ru )	ral Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On								use(a) and manner so stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	esomes es			29c, LR	CENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
TO BE	Church rel	iem	MI)		I	18:	324	D 4/	15/52
	30. NAME AND ADDRESS OF PERSON WHO CO	mariam	466 466	O W	ilken	0 4	17 203	Beelte	, 2124
	31. DATE FILED (Month, Day, Year) 2 0 19	92 BEGIST	- Administration	Section 2	7				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Benjamin	Henry G	reenberg	2. DATE OF DEATH ON MONTH	1/17/02 3. TIME OF DEATH
			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	218 70 ~ 7487 1 Qui 2 0 F 35	YRS.		77615	J SCH MD
DIRECTOR	as FACILITY NAME (# not institution, give street and number) OSEPH Richey Hospice	N Eulaw 96	CITY, TOWN OR LOCATION OF DI Baltimore	EATH	9c. COUNTY OF DEATH
EC	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY
6	Maryland		Ba	Ltimore	1 W YES 2 NO
MAL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	3623 Greenvale Road	-		21229	USA
5	11. MARITAL STATUS  12. WAS DECEDENT EVER I FORCES? 1 VES	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxico	in, Puarto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, atc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR D	ATES	1 ☐ YES ZXX NO Specif	y:	Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	JAL OCCUPATION done during most of working	16b. KIND OF BUSH	
9	Elementary/Secondary (0-12) College (1-4 or 5+)	We. Do NOT use re	tired.)		
MP	12th  17. FATHER'S NAME (First, Middle, Last)	<u>Dental</u>	<u>Technician</u>		enistry
ö	Samuel Greenberg			ME (First, Middle, Malden St	
BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural	Peggy Tyl	
2	Melissa Arscott		reenvale Roa		
		D. PLACE AND DATE OF D	ISPOSITION (Name of		ATION — City or Yown, Stata
	4 Donation 6 Other (Specify)	netery, crematory or other letro Cre	matory.Inc.	4/18 Ba	altimore. MD
	21. SIGNATURE OF THERAL PERVICE LILERSEE MAN MAN	1	22. NAME AND ADDRESS OF FA	COLIPTY OF	Md Inc
	George E. MacNabb		l 299 Frederi	ck Rd. F	Balto MD 21228
	23. PART I. Enter the diseases, or complications that ceuse shock, or heart fellure. List only one ceuse on a	d the deeth. Do not o	enter the mode of dying, suc	h ee cerdlec or respira	tory erreat, Approximete interval Between
	IMMEDIATE CAUSE (Fine)				Onset end Daeth
	resulting in death)	A CONSEQUENCE OF:			Zdays
z	- AIDS	outocooling of j.			#yrs
CERTIFICATION	if any, leeding to immediate	CONSEDUENCE OF:			116
E I	CAUSE (Disease or injury C.	CONSEQUENCE OF:			7905
E	resulting in death) LAST	1(=300-)/3.510			
	PART II. Other eignificent conditions contributing to death b	aut not mousting in th			
MEDICAL	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	or nor reading in the	ne underlying ceuse given in	PERFORM	ED? AMILABLE PRIOR TO
				1 TES 2	NO OF DEATH?
					1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Ch	eck only one)	
YSIC	1 VES 2 NO HOSPITAL:		HER: Nursing Home 5 - Residence	Other (Specify)	USMick
H	27. MANNER OF OEATH  1 Natural 5 Pending  28a. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF	28c. INJURY AT WORK?	26d. OESCRIBE HOW INJ	URY OCCURED
à l	2 Accident Investigation		M 1 YES 2 NO		
윤	3 Suicide 6 Could not be 4 Homicide datarmined	— At home, term, stree cffy)	t, ractory, omica	City or Town, State)	d Number or Flural Route Number,
COMPLETED	29a. CERTIFIER (Check only	riedge, death occurred at	the time date and place, and due	to the annecial and man-	
N N	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination				
ш	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI		29d. DATE SIGNED (Month, Day, Year)
0	( Josephun . Hep yen	s MI)	D114	57	► 4/18/9Z
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	0 - 1 10	1511005	7
	JOXEM H. STENTENS MI)		TOU ST. BA	LIMBRE 21	217
	APR 2 0 1992 Julia Saidan No	ndete			
	HLU & 0 1335				



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dea	2	exa
after	by the	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ires	Sign	5
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	HE HIGHTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the ho	HE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host of the TUNETAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach that with the State Deat, of Health and Mental Hydiere prior to burial, correspond to removal.

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAR	TMENT OF	HEALTH AND F DEATH	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) BRIDGET	GIOR	DAR	lridge 1	Gior	dano	2. DA	TE OF DEATH	E 19	YEAR 91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-32-8811 A		8. AGE (In yrs.		IF UNDER 1 YEAR MONTHS DAY		(Mo	E OF BIRTH	Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial	8. BIRTN	PLACE (State or Foreign
OR	Stella Maris				9b. CITY, TOW	TOWSON	DEATN		Bal.	time	EATN
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland	γ		10c. CIT	y, TOWN OR LO	CATION ltimore (	litv				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	31 Walthe	r Aven	ue		10f. ZIP CODE	21214		1.5		THAT COUNTRY? States
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ARMED	If yes,	ECENDENT OF HISP. specify Cuban, Maxi ES 2 NO Spec	can, Puart	ilN? (Specify Yea o Rican, etc.)	E .	14. RACE	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+	)	(Give kind of a life. Do NOT us	USUAL OCCUPI work done during the retired.)  Shop -	most of working	10	Sb. KIND OF BU	SINESS/INDU	JSTRY	MITTE
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First	, Middle, Malden	Surname)		
BE	Vincenzo  19a. INFORMANT'S NAME (Type/Print)		Gior	dano	ADDDESO (0)		eres				Francisci
5	Mr. Philip Campa	gna		Same	e as #1		I Floute Nu	mber, City or Tow	n, State, Zip (	Code)	
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		HO I	y Rede	eemer C	em. 4/2	1/92		cation — c ltimo		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	interch.	. Hartso	ock,Jr.		and address of F					21214 ford Rd.
	23. PART i. Enter the diseases, or shock, pr heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly Dne Ceu:	se dn eech i	ine.	4	node of dying, su			ratory arre	st,	Approximata interval Between Onset and Deati
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	b. CAR		SEQUENCE OF	OPOTH						
MEDICAL	PART II. Other significent condition	e contributing to	deeth but no	et resulting i	n the underly	ng ceuse given in	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1   YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE DF DEATH (C	heck anh i	age)			
YSIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	me 5 🗆 Residence			Hospi	ce	
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Da		28b. TIMI INJ	JRY 1	NJURY AT YORK?	28d. DE	SCRIBE NOW II	-		
	3 Suicide 8 Could not be determined	28e. PLACE OF building, a	INJURY — At rc. (Specify)	home, ferm, a	treet, factory, of	lice	201. LO City	CATION (Street a or Town, State)	nd Number o	r Rural Ro	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of r	ny knowledge,	death occurre	d at the time, de	te and place, and du	a to the co	puse(s) and man	ner as stated	l.	
TO BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	1. al	eyan	de	NO	29c. LICENSE NU D 270	MBER	- are people and	29d. DATE S	SIGNED (	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH Carla S. Alexande	er, M.D9	Stella	Maris	Print) Hospid	e- Dulan	ey V	alley E	d.−To	WSO!	n 21204
	31. DATE PERMOZI. OV. 1992	JEANE POARA	R SIGNAPOR	dell	-						

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Glacken Thereso 6 100 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or foreign 7. DATE OF BIRTH (Month, Day, Year DAYS 74 HOURS 1 M 2 X F YRS. 214 18 3146 3/22/1918 Mississippi 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH COMPLETED BY FUNERAL DIRECTOR St. Agnes Hospital City Baltimore _____ RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1952 Sponson Street 21230 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12th Grade Housewife Home Maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Wilson Frank BE Mary-Jane Metzendorf 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jenny Roth 3701 Clarenell Road Baltimore, Maryland 21229 20s. METHOD OF DISPOSITION
1 Disposition 3 Removal from State
4 Donetion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, crematory or other plece)
Meadowridge Memorial Park |4/20 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. ekano 4001 Ritchie Hwy. Baltimore, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONS PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuss given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 THO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERING EXAMINERY 1 TES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: affect 2 - ER/Outpetlers 3 - DOA se 5 - Residence # - Other (Specify) 28a. DATE OF INJURY (Afonth, Day Year) 27. MANNER OF DEATH 26b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. DICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Mighth, Day, Year) BE 29¢ LICENSE NUMBER 2 ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

900

12. REGISTRARYS SIGNATURE

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## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

					10/11/	- 01	DEA		ACG. NO				
1. DECEDENT'S NAME (Firs	I, Middle, Lasi)	Edwa	ard		(	Gull	OV.		2. DATE OF DEATH BY 16	AY 1	YEAR	3. TIME OF DEATH 12:39 A	
4. SOCIAL SECURITY NUM	RED	5. SEX	6. AGE (In yrs. In	and the fauth after all	IF UNDER			R 24 HRS.	7. DATE OF BIFTTH				
223-13-0354			21	YRS.	MONTHS	DAYS	HOURS	2444	(Month, Day, Year) July 25,	1970	Country	LACE (State or Foreign	
Ba. FACILITY NAME (If not i	nstitution, give s	treet and number)		-	9b. CITY	, TOWN	OR LOCATI	ION OF DEA			INTY OF DE		
Physician M	emoria	l Hospita	al	La Plata						Ch	Charles		
10e. STATE	10b. COUNT	Y		10c. CI	ry, TOWN	OR LOCA	TION					10d. INSIDE CITY	
Maryland		Charles			aldo:							LIMITS?	
10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CIT	IZEN OF WI	HAT COUNTRY?	
6293 Whist	ler Pl	ace					2060	3			USA		
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DE	CENDENT (	OF HISPANI	C ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,	
1 Never Married 2 C		IF YES, GIVE W		NO				sn, Maxican Specify:	, Puerto Rican, atc.)		Specify	White, etc.	
15. DEI	CEDENT'S EDU	CATION	16a. Di	ECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BUS	SINESS/IN	DUSTRY	WILLEC	
Elementary/Secondary		College (1-4 or 5 s		Give kind of Do NOT u	work done se retired.)	during m	ost of worki	ing					
12				lanag	er				Restau	rant			
17. FATHER'S NAME (First, A	fiddle, Last)						18. MOT	HER'S NAM	E (First, Middle, Maiden				
Leo E. Gu	lley						1		a Burns				
19a. INFORMANT'S NAME (			15	Db. MAILING	AODRES	S (Street			oute Number, City or Tow	n, State, Zi	(p Code)		
Leo E. Gui	llev		1	0907	Blue	e Ro	an R	oad.	Oakton, V	iroi	nia 2	2124	
20a. METHOD OF DISPOSIT		- 110 mm	20b. PLACE	ANDDATE	OF DISPOS	SITION (N			OATE 20c. LO				
1 賢 Burial 2 □ Cremati 4 □ Donation 6 □ Othe		oval from State	Fairf	ax M	emor	ial	Park		4/20/92				
21. SIGNATURE OF FUNER	L SERVICE LIC	CENSEE			22.	NAME A	ND ADDRE	SS OF FAC	ILITY				
> feter	f fix	Julli'							Vienna Fu Ave., Vie				
Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injury)	diate	С	(OR AS A CONSE	OUENCE O	F):	9							
that initiated events resulting in death) LAS	т	d	(On AS A CONSE	- COENCE O	·- j.								
PART II. Other signific	ent condition	s contributing to	deeth but not	resulting	In the ur	nderiyin	g cause	given in P				VERE AUTOPSY FINDING	
									PERFOR		0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED T	O MEDICAL					28. P	LACE OF D	DEATH (Chec	ck only one)				
EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHEI		ne 5 🗆 Re	esidence 6	Other (Specify)				
	Pending	28a. DATE OF (Month, Do		28b. TIN IN. 12:0	IE OF JURY	28c, IN.	JURY AT ORK?		operator	in mo	torcy	rcle/	
2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be determined	28e. PLACE Of building,	F INJURY — At he etc. (Specify)				- 2		281. LOCATION (Street a City or Town, State)	nd Numbe		ute Number,	
		CIAN: To the best of							t. Charles  o the cause(a) end mar- ime, data and place, an	iner as sta	ted.	and manner on stated.	
296. SIGNATURE AND TITLE			uti and				29c. LIC	ENSE NUME	BER		E SIGNED (	Month, Day, Year)	
30. NAME AND ADDRESS O	F PERSON WH	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	, Print)		<u> </u>	C.M.I	1.	- 04	16 1	992	
				11		nn	Stre	et, I	Baltimore	Mary	land	21201	
APR 20	1992	102 REGISTRA	R'S SIGNATURE	400									

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4. SOCIAL SECURITY HUI		5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 Y		IF UNDER	24 HRS.		OF BIRTH		8. BIRTI	HPLACE (State or Foreign
214-20-91		1 M 2 PF	66	YRS.	and the second		HOUNS	wire.		10/2	5		MD
9a. FACILITY NAME (# not					96. CITY, TI	RO MWO	LOCATIO	N OF DE	ATH		9c. COL	INTY OF	DEATH
Baltimore	Coun	ty Gene	ral Ho	spit	al						B	alt	imore
RESIDENCE OF DE	10b. COUNT	ry		10c, CIT	TY. TOWN OR	LOCATIO	OH						10d. IHSIDE CITY
Md	Bal	timore		1	Cato	one	371 ]	10					LIMITS?
10e. STREET AND NUMBE	P				Cac	_	ZIP CODE				10g. CIT	IZEN OF	WHAT COUHTRY?
708 East	shire	Drive				2	122	Ω				US.	
11. MARITAL STATUS  1 Never Married 2 [ 3 Wildowed 4 Di	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	FORCES?	NT EVER IN U.S. AR	If y	S OECEN	NOENT O	F HISPAN	n, Puerto	i? (Specify Ye Rican, atc.)	s or Ho—	14. RAC	E — American Indian, k, White, atc. ://y:	
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17. FATHER'S HAME (First, Charles W	. Smi	th							ME (First,	Middle, Maider	Surname)		
194. INFORMANT'S HAME					ADDRESS (S				Route Num	ber, City or Tov	vn, State, Zi	p Code)	
Sharon At					Valco		_	ad					21228
20a. METHOD OF DISPOS 1 XBurial 2 Creme 4 Donation 5 Oth	tion 3 🗆 Ren er (Specify)		cemetery, cre	ematory or o	of olsposition of the place   Park	IOH (Neme	e of		DAT		CATION —		own, State
21. SIGNATURE OF FUNER	RAL SERVICE L	CEHSEE			00.014	AND AND	ADDRES	S OF FA	CH CTV				
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Part I.  286. OEs  286. LOC  City  to the cau	24a. WAS AN PERFO  1 YES:  (Specify)  SCRIBE HOW  ATIOH (Street or Town, State	AUTOPSY RMED?  2 NO  INJURY OC  and Number  and due to tr	1225 rest,  1A  24t  course or Rural steed, the cause(	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he find within 72 hours after death with the State Debt. of Health and Mental Modere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL	THE FUNERAL	IMPORTANT: II

	1. DECEDENT'S NAME (First, Middle, Last)  MOC		T.	14	400	7	DEATH	2. DATE MONTH	REG. N	DAY	YEAR 9 2	3. TIME OF DEATH	4
	4. SOCIAL SECURITY NUMBER 228-28-8931	5. SEX	6. AGE (In yrs. Is		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH , Day, Year) -7-22			HPLACE (State or Foreig	n n
TOR	9a. FACILITY NAME (If not institution, give HARBOR HOSPITAL RESIDENCE OF DECEDENT	street and number)				r, TOWN O	ORE		9c. COUNTY OF 0			DEATH	
DIRECTOR	10e. STATE 10b. COUNT	TY			Y, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?  1\( \sum \) YES 2 \( \sum \) NO		
FUNERAL	100. STREET AND NUMBER 2613 SEAMON AVE	NUE				101	21225				S.A	WHAT COUNTRY?	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2Y WAR OR OATES	NO			ENDENT OF HISPA ecity Cuban, Maxic 2 NO Speci	an, Puarto I		Yes or No—	14. RAC Blac Spec	E — American Indian, ik, White, etc. ://y: BLACK	
COMPLETED	15. DECEOENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			ECEDENT'S Give kind of e. Do NOT u	work done	during mos	DN st of working			ALTIM		LAUNDRY	
BE CO	17. FATHER'S NAME (First, Middle, Last)  ELIJAH EASTER						MARY EA	ASTER					
5	190. INFORMANT'S NAME (Type/Print)  MARGARET JENNING	iS					ROAD/BAL						
	20a, METHOD OF DISPOSITION 1 Dental 2 Commetter 3 Ref 2 Dental 2 Other (Specify)		20b.PLACE	ZION	CEME	TERY	1	OAT		VSDOWN			
	· Jamoue	el X	Sale	120	W	M.C.	MARCH F	H./1				VENUE	
	23. PART I, Enjer the diseases, prahock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the List only one ca	at coused the duse on each lin	aeth. Do i	not anter	r the mo	de of dying, au	ch aa cero	llec or rea	apiratory ar	rrest,	Approximete interval Betw Onset and D	reen
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONSE	EOUENCE O	elm	u							
MEDICAL C	PART II. Other algorificent condition	na contributing to	death but not	reaulting	in tha u	nderlying	cause given in	Part I.	24a. WAS PERF 1 TYES	AN AUTOPSY ORMEO? 2 NO	24	b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (C	heck only on	0)				
ls l	1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 8 Pending	1 Inpatient 2	ER/Outpatient : F INJURY Day, Year)	28b. TIN	_	28c. INJI WO	RK?			V INJURY OC	CCURED		
	2 Accident Investigation	28e. PLACE	OF INJURY At h	ome, farm,	etreet, fec		/ES 2 □ NO	28f. LOC	ATION (Street or Town, Ste	et and Numbe te)	or or Rural	Route Number,	_
B∡	3 Suicide 8 Could not be determined	building	, ato: (opeony)										
	4 Homicide determined  29a. CERTIFIER (Check only)	BICIAN: To the best o	f my knowledge, d									a) and manner as state	d.

29d. DATE SIGNED (Month, Day, Year) SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AND. 3001. S. Hanner st Balto. M.D.

3001.

As hraf 31. DATE FILED (MONTH, Day, APR 20 1992

p2. REGISTBAR'S SIGNATURE

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IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

APR 20 1992

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A   Donnelton   S   Other (Speciety)   Maryl and Veteran's Cemetery 4/20 Crownsville, Marylan		20s. METHOO OF DISPOSITION		20h PLACE AND DATE	OF DISPOSITION /N	eme of	DATE	200 LOCATION	Olivera Tree	
Approximate shock, or heart fallure. List only one cause on each line.   Immediate condition   Immediate cause of the death. Do not anter the mode of dying, such as cardiec or respiratory arrest,   Approximate shock, or heart fallure. List only one cause on each line.   Immediate cause. Can be death.   Immediate cause. Can be death.   Immediate cause. Can be death.   Immediate.   Immediate cause. Can be death.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Immediate.   Imm		4 Donation 5 Other (Sp	ecify)	Mary land	Veteran	s Ceme	etery 4/	20 Crown	sville	e. Marvland
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MMEDIATE CAUSE (Final disease or condition   DUE TO (PA AS A CONSCIUENCE OF): -		23. PART I. Enter the dise	asea, or complications that ca	used the death. Do	not anter tha m	ode of dying,	auch aa cardie	ec or respiratory	o., Mo	
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DATE II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMED PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  25. WAS CASE REFERRED DO MEDICAL EXAMINER?  1 VES 2 DNO  1 PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  26. PLACE OF OEATN (Check only one)  27. WAS AN AUTOPSY PERFORMED COORDINATION OF CAUSE OF OEATN?  1 VES 2 DNO  28. PLACE OF OEATN (Check only one)  27. WAS AN AUTOPSY PERFORMED COORDINATION OF CAUSE OF OEATN?  1 VES 2 DNO  28. PLACE OF OEATN (Check only one)  27. WAS AN AUTOPSY PERFORMED COORDINATION OF CAUSE OF OEATN?  1 VES 2 DNO  28. PLACE OF OEATN (Check only one)  27. WAS AN AUTOPSY PERFORMED COORDINATION OF CAUSE OF OEATN?  1 VES 2 DNO  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. PLACE OF OEATN (Check only one)  28. CHUSTRY AT DOMANT OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OEATN OE		iMMEDIATE CAUSE (Final disease or condition	t lanure. List only one cause	on each line.						Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    24a, WAS AN AUTOPSY PRIDING ARLABLE PRIVED TO COMPLETION OF CAUSE OF DEATH   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF DEATH   1   YES 2   NO   NO PERTURBATION OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE	ERTIFICATION	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	- c	TPN		rdio	myspa	thy		
PERFORMED?  AMALABLE PRIOR TO CAUSE OF DEATH?  1		PART II. Other significant	conditions contributing to de	ath but not resulting	in the underlyin	a cause alve	n in Pert I	A MAR AN ALTTON	W 0.05	
25. WAS CASE REFERRED TO MEDICAL  EXAMIHER?  1						g cause giva	n in Pert I.			AMILABLE PRIOR TO COMPLETION OF CAUSE
Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution	Σ									1 U YES 2 THO
Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   S	CIAI					ACE OF OEATI	N (Check only one)			
Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   S	YSI			/Outpetient 3 DOA		s 5 Realde	nce 6 🗆 Other (	Specify)		
3 Sulcide 4 Homicide 288. PLACE OF INJURY — At home, farm, street, factory, office 298. CERTIFIER (Check only one) 2 MEDICAL EXAMIHER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  299. SIGHATURE AHO TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  TEDREGA CENT 74, MD — 30D S. HANOVER ST., BA TINDRE, MD 21225  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGHATURE		1 Hetural 5 Pen	ding (Month, Day, Y		URY WO	RK?		RIBE HOW INJURY (	CCUREO	
296. SIGHATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGHED (Month, Dey, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  TEORGEA CENITA MD - 3001 S. HANOVER ST., BALTHORE, MD 21225  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGHATURE	8	_ u _ cov		JURY — At home, farm, s (Specify)	street, factory, offic		261. LOCAT City or	IOH (Street and Numi Town, State)	ber or Rural Ro	oute Number,
296. SIGHATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGHED (Month, Dey, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  TEORGEA CENITA MD - 3001 S. HANOVER ST., BALTHORE, MD 21225  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGHATURE	OMPLE	(Check only	ING PHYSICIAH: To the best of my EXAMIHER: On the bests of exami	knowledge, death occum	nd at the time, date	and place, and eath occured a	f dua to the cause t the time, date as	(s) and manner as s	stated,	and manner as stated.
JEORGEA CON174 MD - 3001 S. HANOVER ST. BATTHORE, MD 21225  31. DATE FILEO (MONTY, Day, Year)  32. REGISTRAR'S SIGNATURE	BE	296. SIGHATURE AND TITLE OF	CERTIFIER - HOUSE C	FFICEX		29c. LICEHSE	NUMBER	29d. D	ATE SIGHED	(Month, Day, Year)
31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGHATURE	٢	30. NAME AND ADDRESS OF PE	RSOH WHO COMPLETED CAUSE O			e+	211	74.50	711	01000
444/964000 114 44		31. DATE FILEO (Month, Day, Year	32. REGISTRAR'S		MUDUEL	. 21.	DAL	MOKE,	MD	2/225
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		APR62 0 19	11							DHMH-16 Rev 1/89

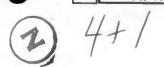
	FOR 1 STATE	STATE OF MA						MENTAL HYGIEN		92	10802
_	REGISTRAR			CERTIFIC	CALE	OF DE	AIH	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)  John E. Ha	nrahan						2. DATE OF DEATH MONTH 4 - 18	9 7	3. T	9;00 A _m
	4. SOCIAL SECURITY NUMBER 214-18-6932	5. SEX 6	AGE (In yrs	-	IF UNDER 1 YE		NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) June 5, 19		BIRTHPLAC Country) Md.	E (State or Foreign
_	96. FACILITY NAME (If not institution, give str Citizens Nursi						ation of DE	ATH	sc. COUNTY Hai		d
5	RESIDENCE OF DECEDENT	III HOME									
DIRECTOR	Md. 106. COUNTY	Harford			Air	DCATION				1	INSIDE CITY LIMITS? YES 2 NO
RAL	100. STREET AND NUMBER 300 Sunflower Driv	ve				10f. ZIP (			10g. CITIZEN		COUNTRY?
BY FUNERAL	11. MARITAL STATUS  11. MARTHAL STATUS  11. Merried 2 Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  13. WAS DECENDENT OF HisPANIC ORIGIN? (Specify Yea or No-Hispanic Origin? (Spec									Ite, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e.	. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUP ork done during	PATION g most of w	orking	16b. KIND OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)		Medical				Beth1	ehem S	Steel	Co.
BE CO	17. FATHER'S NAME (First, Middle, Last)  - Han	rahan					NOTHER'S NA	Foy	Surname)		
2	190. INFORMANT'S NAME (Type/Print) Edgar G. Ball			19b. MAILING / 202 Wa	Aboness (Str Akefie	eld D	mber or Rural I rive	BelAir, M	n, State, Zip Co 1. 210	14	
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val trom State	MOS	T Holy	Redee	of cometery, emer	4/21/	'92 Ba	cation — city ltimore	or Town, 1	State
	21. SIGNATURE OF FUNERAL SERVICE VO	addu			Lec	nard	J. RU	ick Inc. 53	305 Hai	rford	Road 2121
	23. PAPT I. Entar the diseases, or conshock, or heart failure. L				ot antar tha	mode of	dying, suc	h as cerdiec or reep	ratory screet	t,	Approximate interval Between Onset end Daath
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cen	Lhvo	VZO CU	len	G	cud	ent.			Oliset elle Dastil
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OTIC OR AS A COM	SEQUENCE OF	ial	6	brill	alim			
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions Confestive Lugarflugard	Contributing to d	far	ot resulting in	the under	lying cau	se given in	Part i. 24a. WAS AN PERFOF	RMED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH?  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO	HOSPITAL:	ER/Outpetier		OTHER:		OF DEATH (Ch	eck only one)  6  Other (Specify)		1	
ВУ РНУ	27, MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF II (Month, Dey		28b. TIME INJU	OF 280	WORK?	NT .	28d. DESCRIBE HOW	NJURY OCCUP	RED	
	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF building, e	INJURY - I	At home, farm, st	rest, lectory,	office		28t. LOCATION (Street City or Town, Stete)		Rurel Route	Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINED							to the cause(e) end me time, date and place, er			f menner ee stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Sam (	Int			29c	LICENSE NUI	B64	29d, DATE S	(8)	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	AIV A	OF DEATH	(ITEM 27) (Type,	Print)	. #	5, A	Aberdeen	, Mt	) 2(	00

"1992

32 REGISTRAR'S SIGNATURE PANDAME

y the hospital or attending physician.	be detached for use as the burial-transit permit. Pages 1, 2, 3 should	at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this obe filed within 72 hours after death with	IMPORTANT: If item 28 is market

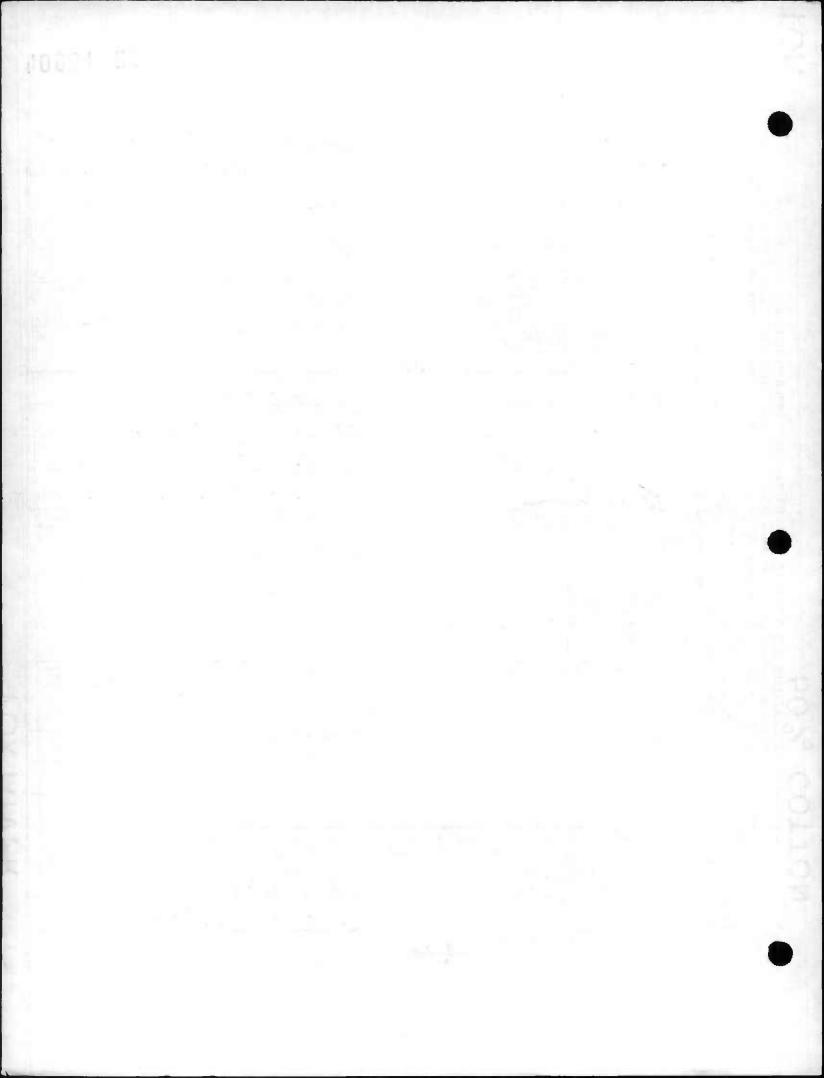
	1. DEFEMENT'S NAME (First. Middle Last)						
	RAYMOND N	ÆREDITH H	AYNIE	04 73	3. TIME OF BEATH		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	P7 11	FUNDER 1 YEAR IF UNDER 24 I	IIN. (Month, Day, Year)	B. BIRTHPLACE (State or Foreig Country)		
CILITY NAME (If not institution, give str		/ / s.		4/30/1917	Virginia		
	hedier	+LCte.	RALTO N	D 212-800	COUNTY OF DEATH		
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		18c CITY	TOWN OR LOCATION		(in the contract of		
	e Arundel	_	adena		10d. INSIDE CITY LIMITS?		
220 Comment			10. ALD CODE		g. CITIZEN OF WHAT COUNTRY?		
10e. STREET AND NUMBER 238 Carvel Road 11. Marital Status			2112		U.S.A.		
	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	R IN U.S. ARMED			14. RACE — American Indian, Black, White, etc.		
3 Widowed 4 Divorced	World War		1 - YES 2'10 1	Specify:	SpecAr White		
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)  12th Grade  17. FATHER'S NAME (First, Middle, Last)	ATION completed)	18a. DECEDENT'S US	UAL OCCUPATION  done during most of working	16b. KIND OF BUSINE			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use i	t done during most of working Mired.)				
12th Grade		Glazier		Glass U	nion		
				S NAME (First, Middle, Malden Sum	ame)		
19a, INFORMANT'S NAME (Type/Print)	aymond Hay	mie		orothy Barnes			
Robert Haynie				Rural Route Number, City or Town, St			
20a. METNOD OF DISPOSITION			yshire	Avon, Connec			
1 X Burlai 2 Cremation 3 Ramor 4 Donation 5 Other (Specify)	val from State	ob. PLACE AND DATE OF emetery, cremetery or other Loudon Par	placel ONO to ST		ON — City or Town, Stata		
21. SIGNATURE OF FUNERAL SERVICE LICE		LOUGOII FAL			imore, Maryland		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.  4001 Ritchie Hwy. Baltimore, Md. 21225							
23. PART I. Enter the diseases, or post prications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, since and Destroy arrest, interval Between Onset and Death    Respiratory Failure							
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):					
a.	appetalbusta a sa struct	but not resulting in t	he underhiler easier also	n in Part I. 24s. WAS AN AUTO			
PART II. Other significant conditions	contributing to death	,	ne underlying cause give				
PART II. Other significant conditions Left lower lot history of pulmo			1 1 - 1	PERFORMED  1 PES 2 No	7 AMAILABLE PRIOR TO		
Left lower lot history of pulmo	nany tube	renloses,	Congestive her	PERFORMED  1 - YES 2 X1	7 AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
Left lower lot history of pulmos  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO		railos.s,	tilstor defe Congestive her	PERFORMED  1 VES 2 N/1  1 (Check only one)	7 AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
Left lower lot history of pulmo  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATN 1 Netural 5 Pending	nany tube	Sunt'S Ver	26. PLACE DF DEATH THER: Nursing Home 5 Realde F 28c. INJURY AT WORK?	PERFORMED  1 YES 2 1/2  1 (Check only one)  1 (Check only one)  28d. DESCRIBE HOW INJUR	7 AMILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Investigation	HOSPITAL:  1   DATE OF INJURY  (Month, Day, Year)  28a. PLACE OF INJURY	ipetient 3 DOA 4	26. PLACE DF DEATH THER: Nursing Home 5 Realde F 28. INJURY AT WORK? M 1 VES 2 NO	PERFORMED  1 YES 2 N/1  1 (Check only one)  1 (Check only one)  28d. DESCRIBE HOW INJUR	7 AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   XNO  27. MANNER OF DEATN  1   Natural 5   Pending Investigation	HOSPITAL:  1 Nopetion: 2 PRIOR  28e. DATE OF INJURY (Month, Day, Year)	ipetient 3 DOA 4	26. PLACE DF DEATH THER: Nursing Home 5 Realde F 28. INJURY AT WORK? M 1 VES 2 NO	PERFORMED  1 YES 2 N/1  1 (Check only one)  1 (Check only one)  28d. DESCRIBE HOW INJUR	7 AMILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO		
Left lower lot history of pulmo  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicida 6 Could not be detarmined  29a. CERTIFIER (Check only) 1 CERTIFYING PNYSICI	HOSPITAL:  1 Napetient 2 FR/OL  28s. DATE OF INJURY (Month, Dey, Year, Month, Dey, Year, All St. (Sp.	In Corlosss,  In Corlosss,  Inpetient 3 Doa 4  ( 28b. TIME 0 INJURY  AY — Al home, farm, streecity)	26. PLACE DF DEATH THER: Nursing Home 5 Reside  The 28c. INJURY AT WORK? M 1 YES 2 NC	PERFORMED  1 VES 2 (Vi  1 (Check only one)  1 (Check only one)  28d. DESCRIBE HOW INJUR  28f. LOCATION (Street and N City or Town, State)  due to the cause(s) and manner in	7 ARAILABLE PRIOR TO COMPLETION DE CAUS OF DEATH? 1 YES 2 NO  NY OCCURED  When the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th		
Left lower lot history of pulmo  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicida 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PNYSICI	HOSPITAL:  1 Napetient 2 FR/OL  28s. DATE OF INJURY (Month, Dey, Year, Month, Dey, Year, All St. (Sp.	Carloses  Dipetient 3 DOA a  28b. TIME O INJUR  RY — Al home, farm, streecity)  wiedge, daath occurred a lon and/or investigation, i	28. PLACE DF DEATH THER: Nursing Home 5 Reside F 28c. INJURY AT MORK? M 1 YES 2 NC It, fectory, office	PERFORMED  1 VES 2 (Vi  1 (Check only one)  1 (Check only one)  28d. DESCRIBE HOW INJUR  28f. LOCATION (Street and N City or Town, State)  due to the cause(s) and manner if the time, dete and placa, and due	7 ARILABLE PRIOR TO COMPLETION DE CAUS OF DEATH? 1 YES 2 NO  NY OCCURED  umber or Rural Route Number,  ta stated. a to the cause(s) and manner as stated.		
PART II. Other significant conditions  Left lower lot  history of pulmo  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   XNO  27. MANNER OF DEATN  1   Natural   5   Pending Investigation Investigation   3   Suicida   6   Could not be detarmined  29a. CERTIFIER     CERTIFYING PNYSICI (Check only one)   2   MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1   Mapetient 2   ER/OL  28a. DATE OF INJUR  28a. DATE OF INJUR  28a. PLACE OF INJUR  building, stc. (Sc.  IAN: To lihe beat of my kno  c On the basis of axaminst	Corloses  Dipetient 3 DOA a  28b. TIME O INJUR  RY — Al home, farm, streecity)  wiedge, dasth occurred a fon and/or investigation, i	26. PLACE DF DEATH THER:  26. PLACE DF DEATH THER:  Nursing Home 5   Reside F   28c. INJURY AT   MORK?  M   1   YES 2   NC  It hat time, data and place, and a my opinion, death occurad at	PERFORMED  1 VES 2 (Vi  1 (Check only one)  1 (Check only one)  28d. DESCRIBE HOW INJUR  28f. LOCATION (Street and N City or Town, State)  due to the cause(s) and manner if the time, dete and placa, and due	7 ARAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicida 6 Could not be determined  29a. CERTIFIER (Check only orne)  2 MEDICAL EXAMINER:	HOSPITAL:  1 Napetient 2 ER/Ou  28a. PLACE OF INJUR  28a. PLACE OF INJUR building, atc. (Sc.)  IAN: To the best of my kno  On the basis of axaminst  COMPLETED PAUSE OF D	ilipatient 3 DOA 4  29b. TIME 0 INJURY Al home, farm, streecity)  Weath (ITEM 22) (Time Pri	26. PLACE DF DEATH THER:  26. PLACE DF DEATH THER:  Nursing Home 5   Reside F   28c. INJURY AT   MORK?  M   1   YES 2   NC  It hat time, data and place, and a my opinion, death occurad at	PERFORMED  1 YES 2 N  1 (Check only one)  1 (Check only one)  28d. DESCRIBE HOW INJUR  28f. LOCATION (Street and N City or Town, State)  1 the time, dete and placa, and dui  NUMBER  296	7 ARAILABLE PRIOR TO COMPLETION DE CAUSO OF DEATH? 1 YES 2 NO  NY OCCURED  umber or Rural Route Number,  ta stated. a to the cause(s) and manner as state		



1 - STATE REGISTRAR

	EDWARD T. JACK	SON					MONTH 4	16	92	2:00 p.
	4. SOCIAL SECURITY NUMBER 213-14-3406	1 -X M 2 -F	AGE (In yrs. lest birti	RS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 2/5/2	76ar) 2.1	S.CA	ROLINA
СТОВ	9a. FACILITY NAME (If not institution, give 4108 PENHURST RESIDENCE OF DECEDENT			4 10		RE, MD	EATN		TIMOR	E CITY
DIREC	10e. STATE 10b. COUN	TIMORE CITY	1.3	BALT	N OR LOCAT					Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 4108 PENHURST					21215		10g. cm		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO		If yes, sp	ENDENT OF NISPAN acity Cuben, Mexico 2 NO Specify	n, Puerto Ricen,		Specify:	
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDI (Give ki ilfe. Do i	ENT'S USUAL nd of work do NOT use retire	OCCUPATION DE during mo	ON at of working	16b. KIND	OF BUSINESS/IN		CAN-AMERI
COMPL	8th grade  17. FATNER'S NAME (First, Middle, Lest)  Fred Jackson		Reti	red	M	16. MOTNER'S NA		Meiden Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Oneather J. Wis	e		B Penl		Mary Jand Number or Rural I	Route Number, Cit	y or Town, State, Z		1215
	294. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)		20b. PLACE AND of cornellary, crem	DATE OF DI	ISPOSITION	(Name		Owings	City or Town	n, Stefa
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE				am C. Bro		m. F.H.	1206	5 W. North
ATION	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	a. CANCER DUE TO (OF	OF THE C R AS A CONSEQUEN	ICE OF):	WITH	METS TO	LIVER A	AND BONE		interval Between Onset and Date 6/91 – 4/92
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUEN	ICE OF):						
MEDICAL	PART II. Other significent condition	one contributing to de	eeth but not resu	iting in the	underlyin	g cause given in		WAS AN AUTOPS? PERFORMED? YES 2 NO		AVAILABLE PRIOR TO
-	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		ОТН	26. PI	g cause given in	1 [	PERFORMED? YES 2 NO		COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   E 26e. DATE OF IN (Month, Dey.	R/Outpatient 3 □ I JURY 26 Year)	DOA 4 D	26. PI TER: Nursing Hom 28c. IN. WC	LACE OF DEATN (Ch. to 5 X Residence URY AT THE 2 NO	eck only one)  6 □ Other (Spe 28d, DE\$CRIB	PERFORMED?  YES 2 1 NO  City)  E HOW INJURY O	CCURED	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide  29e. CERTIFIER Check only	HOSPITAL: 1   Inpatient 2   E 26e. DATE OF IN (Month, Day.	R/Outpatient 3 1 1 JURY 26 Year) 26 NJURY — At home,	DOA 4 DE TIME OF INJURY N	26. PI FER: Nursing Hon 28c. Ni. 4 1 1	LACE OF DEATN (Ch	1 Coek only one) 6 Other (Spe 28d. DESCRIB 28f. LOCATION City or Tox	PERFORMED?  YES 2 X NO  Totily  E HOW INJURY Of A (Street and Number)	CCURED  or or Rural Ro	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not b determined  29e. CERTIFIER (Check only)	HOSPITAL:  1   Inpatient 2   E  28e. DATE OF IN (Month, Dey,  28e. PLACE OF I building, etc  SICIAN: To the best of my NER: On the basie of exam	R/Outpetient 3 1 1 JURY 26 Year) 26 NJURY — At home, . (Specify)	b. TIME OF INJURY N farm, street,	26. PI **FER: Nursing Hon 28c. IN. 4 1 1 1	LACE OF DEATN (Ch	1 Control one)  6 Other (Spe 28d. DESCRIB  28f. LOCATION City or Tox  to the cause(e)	PERFORMED?  YES 2 NO  Activ)  E HOW INJURY Or  A (Street end Numb  ym, State)  end manner as at place, end due to	ccured are or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 MEDICAL EXAMINER)  21. MEDICAL EXAMINER	HOSPITAL:    I   Inpatient 2   E    26e. DATE OF IN (Month, Day,   28e. PLACE OF II building, etc.   SICIAN: To the best of my NER: On the basic of exame	R/Outpetient 3 1 1 JURY 26 Year) 26 NJURY — At home, . (Specify)	b. TIME OF INJURY N farm, street, occurred at the stiggistion, in r	26. PI TER: Nursing Hon 28c. Nv 1 □ 1ectory, offic he time, date my opinion, o	LACE OF DEATN (Ch	1 Control one)  6 Other (Spe 28d. DESCRIB  28f. LOCATION City or Tox  to the cause(e)	PERFORMED?  YES 2 NO  Activ)  E HOW INJURY Or  A (Street end Numb  ym, State)  end manner as at place, end due to	ccured are or Rural Ro	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  NUT Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020

g physici	e burial-t	
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ospital or	thed for	es.
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1. Page 6	iral direct	liner m
fter death	the fune	al exam
4 hours	illed in by	e medi
within 2	crematio	vent, th
executed	n and cor	matic e
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seath cen	attending mtal Hygi	ry, or o
that the	ed by the	any Inju
requires	been sign of Healt	shows
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<b>HYSICIAN</b>	ils certific rith the S	ed, or
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OR ATTE	DIRECTOR HOURS after	tem 28
OSPITAL	UNERAL ithin 72 I	ANT: If
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Debt, of Health and Mental Hydene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF MARYL	AND / DEPART	MENT OF HEA	LTH AND A	MENTAL HYGIEN	IE	92 1080
	REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH
	CLARA LILLIA  4. SOCIAL SECURITY NUMBER					April 2	0, 19	92 213 A
	214-01-2754	1 - M 2/C/F	94 YRS.	MONTHS DAYS HO	FUNDER 24 HRS. DURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 25, 18		BIRTHPLACE (State or Foreign Country) Maryland
OR	98. FACILITY NAME (If not institution, give Meridian Crom			Baltimo		ATN	9c. COUNT	timore
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	7	I son city				1 24-	
L DIRECTOR	MD	N/A		Baltimor	е			10d. INSIDE CITY LIMITS?  XXYES 2 NO
*AL	10a. STREET AND NUMBER			101. ZIP	CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	3105 East Nort			2	1214		U.	S. A.
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, specify	Cuban, Maxican	IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		Black, White, etc.  Specify: White
0	15. DECEDENT'S EDU (Specify only highest grede	le completed)	16a. DECEDENT'S US	SUAL OCCUPATION ork done during most of retired.)	working	16b. KIND OF BU	I SINESS/INDUS	
COMPLET	Elementary/Secondary (0-12) 10 years -	College (1-4 or 5+)	House			at F	lome	
BE CON	17. FATHER'S NAME (First, Middle, Lest) Milton George	Hunt				AE (First, Middle, Maiden SLOFF		
TO B	19e. INFORMANT'S NAME (Type/Print)  E. Naomi Pear	ce				oute Number, City or Tow		
	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of							y or Town State
	4 Donation 5 Other (Specify)	1 Commence 2 Cremetton 3 Removed from State Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Pr						ore, MD
	22. NAME AND ADDRESS OF FACILITY  Johnson Funeral Home Balto., MD  8521 Loch Raven Blvd. 21204						21204	
	23. PART 7. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or haert failure. List only one cause on asch line.  Approximata interval Betw Onsat and Do disease or condition resulting in death)  a							t, Approximata interval Between Onsat and Death
	DUE TO (OR AS A CONSEQUENCE OF):  DELLY OWNER  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
NC	Sequentielly list conditions.		,					
CATION	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DE TO (OR AS A	CONSEQUENCE OF):		uler	By.m.		Days Yns
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DE TO (OR AS A	CONSEQUENCE OF):		ular	Brown		
0	sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR A	CONSEQUENCE OF):	the underlying cs			AUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
0	Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	b. DE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR A	CONSEQUENCE OF):	the underlying cs		Part I. 24s. WAS AN	AUTOPSY MED?	YAY  24b. WERE AUTOPSY FINDINGS
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TO ATE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	92	
1. DECEDENT'S NAME (First Middle Leet)	a GEODGE	La pare de prairie		

1	1. DECEDENT'S NAME (First, Middle, Last) GORGE GUNE.	GEORGE		2. DATE OF DEATH DAY	YEAR G ² 7	3. TIME OF DEATH  24.17 M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In 2 19 - 444-5363)		ZEAR IF UNDER 24 HRS.  NAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign	
TOR	Sa. FACILITY NAME (If not institution, give street, and number)  HOSPITE  RESIDENCE OF DECEDENT	U B	JHIMVE	MD	9c. COUNTY OF	DEATH	
DIRECTOR	10a. STATE 10b. COUNTY		v, town or location ALTIMORE			10d. INSIDE CITY LIMITS? 1XXYES 2 NO	
FUNERAL	100. STREET AND NUMBER 509 CHATEAU AVENUE		101. ZIP CODE 21212		109. CITIZEN OF	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. A FORCES? 1 NES 2 IF YES, GIVE WAR OR DATES	NO If y	D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 X NO Specify:			CE American Indian, etk, White, atc.	
COMPLETED	(Specify only highest grade completed)	ECEDENT'S USUAL OCCI Give kind of work done dur DO NOT use retired.) UNEMPLOYE	ing most of working	16b. KIND OF BUS	NESS/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE JUNE		18. MOTHER'S NAME SUSAN WEI	E (First, Middle, Meiden S BSTER	Sumame)		
10	198. INFORMANT'S NAME (Type/Print)  199b. MAILING ADDRESS (Street and Number or Rural Rough Number, City or Train Street 710  1110 PLAZA CIRCLE/JOPPA, MD 21085						
	1 L Burlet 2 U Cremetion 3 U Removal from State I comptent of		VA CEMETER	Y OWIN	ATION — City or T	LECT-ACTOR	
	Hypette K. To	1000	C.MARCH F.H		NORTH A	VENUE	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the displayed abook, or heart failure. List only one cause on each line immediate cause or condition and immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	COURTE OF):		aa cardiac or respir	atory arrest,	Approximata Interval Between Onset and Death Un Han I Welk, Len Han I welk,	
MEDICAL	PART II. Other algnificant conditions contributing to death but not	resulting in the unde	rlying cause given in Pa	24a. WAS AN A PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   Input left						
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation   Section   Natural   Natural   Pending Investigation   Natural   Natural   Pending Investigation   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   Natural   N						
	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At he building, stc. (Specify)	ome, farm, street, factory	, office 2	6t. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, d 2 MEDICAL EXAMINER: On the basis of examination and/or					(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMB	ER	29d. DATE SIGNE	0 (Month, 9ay, Year) 15/92	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	605 d 8	an anitar	Ho spide	Bal.	15/92 Knore MD	
	31. DATE FILED (Month, Day, Your) APR 2 0 1992  July Begisther's Signature Act	dell		7			

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DIVISION OF VITAL RECORDS P.O.

15	1. DECEDENT'S NAME (First, )						2. DAT	E OF DEATH	AY 1	YEAR 3.	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Joseph		AGE (In yrs. leat birthday)			Apr		4 7 74		
	219 10 9088	3	1XXM 2 □ F	70 YRS.	MONTHS DAYS	HOURS MIN.	No	OF BIRTH	1921	Pen	ACE (State or Foreigna •
RECTOR	90. FACILITY NAME (If not inst  100 S. Stu  RESIDENCE OF DECE	uart S			Bss. City, Town	OR LOCATION OF E	DEATH		9c. COUNTY Ba		ore Co.
۵		10b. COUNT	iltimore		TY, TOWN OR LOC	ation Ess					Dd. INSIDE CITY LIMITS?  VES 2 XXX
IERAL	100 S. Stu	uart S	Street			101. ZIP COOE 21221			10g. CITIZE		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2205M 3 Widowed 4 Divorc		12. WAS DECEDENT E FORCES? JOY IF YES, GIVE WAR	NES 2 NO	If yes, s	ECENDENT OF HISPA apocify Cuban, Maxic ES 2 PNO Speci	an, Puarto	N? (Specify Yea Rican, atc.)	or No.— 14	Black, W	American Indian, Vhita, atc.
ETED	15. DECEI (Specify only I Elementary/Secondary (0-1		CATION completed) College (1-4 or 5+)	18a. DECEOENT'S (Give kind of life. Do NOT u	S USUAL OCCUPAT work done during n ise retired.)	TION nost of working	16	b. KINO OF BUS	SINESS/INDUS		
COMPL	8 17. FATHER'S NAME (First, Mick			Gal	vanizer					Sup	ply Co.
ECC		askie				18. MOTHER'S NA					
0	19a. INFORMANT'S NAME (Typ			19b. MAILING	G ADDRESS (Street	and Number or Rural	Houte Num		n. Steta. Zio Go	ode)	
9	Marion A. Kas		Wife			t Street					21221
	200 METHOD OF DISPOSITIO 14 Surlet 2 Crenetion 4 Dynation 5 Other (S	Specify)		20b. PLACE AND DATE cemetery, crematory or Sacred	Heart Ce	metery		1/92 Di	andalk		
1	/S TORONE	SERVICE-OC	ager /		22. NAME	AND ADDRESS OF FA	CILITY		24		
	IMMEDIATE CAUSE (Finel disease or condition	int payoure.	complications that co	on eech line.	1407		Ave	Balti	more.	Mar.	Approximate Interval Betw
RTIFICATION	IMMEDIATE CAUSE (Finel	ma, ate	OUE TO (OR	on eech line.	not enter tha m  - Mck	Eastern	Ave	Balti	more.	Mar;	Approximate Interval Betw
MEDICAL CERTIFI	IMMEDIATE CAUSE (Fined disease or condition resulting in death)  Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events	ina, ate	DUE TO (OR	R AS A CONSEQUENCE O	1407 not enter tha m - Mck PF:	Eastern ode of dyings such	Ave on the second	Balti	autopsy	24b. WE AMICO	Approximate Interval Betw Onset and D
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<u> </u>	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13.	WAS DEC	CENDENT OF NISPAN	IIC ORIGIN? (S	Specify Yea	or No-	14. RACI	E — American Indian, k, White, atc.
B	1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE WA		Army			2X NO Specify		.,,		Spec	
	15. OEC (Specify onl	EDENT'S EDUCA	ATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	DN set of working	16b. KI	ND OF BUS	INESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5+)					est of working			7		
MP	12 th			Ma	inte	nan	ce	Worker		ty (		rnm	ent
	17. FATNER'S NAME (First, M							18. MOTNER'S NA					
BE	Burley K		5						ie Wi				
5	Barbara K		5	2	205	Whe	atl	ey Dr.	#203	Balt	to.	Md	. 21207
	20a. METHOD OF DISPOSIT		val from State	20b. PLACE	OF DISPOS	SITION (No	me of ce	metery, cremetory or			CATION —		
	4 ☐ Donation 6 ☐ Other	(Specify)	1	Park	view	v Me	mor	ial Gar	den	West	t Vi	rgi	nia
	21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE			22.	NAME A	ND ADDRESS OF FA	CILITY DE	erri	ck C	. J	ones F.H.
1	1000	Vin	C. Xa	~		4	611	Park H	eight	s A	ve.	Bal	to., Md.15
CERTIFICATION	Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry c.	OUE TO (	OR AS A CONSI	EOUENCE O	F):							
MEDICAL	PART II. Other algnifica	ant conditions	contributing to	death but not	resulting	in the ur	nderlyln	g cause given in		Ia. WAS AN PERFOR	MED?	248	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Ž													
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF DEATN (Ch	eck only one)				
1×S	1 YES 2 NO		1 Inpetient 2 I		3 DOA			ne 6 🗆 Rasidence			111001 00	01050	
ВУ РР		Pending Investigation	(Month, De		200. 11W	JURY M	W	JURY AT DRK? YES 2 NO	28d. OEŞCR	IBE NOW I	NJURY OC	CUHEO	
	. D. B. delde	Could not be detarmined	26e. PLACE OF building, e	INJURY — At I	iome, farm,	street, fac	tory, offic	ca		ON (Street a Town, State)	nd Number	r or Rural	Route Number,
COMPLETED	one)		CIAN: To the best of a										e) and manner as stated.
BE C	296. SIGNATURE AND TITLE	OF CERTIFIER		A				29c. LICENSE NUI	MBER		29d. DAT	E SIGNE	(Month, Day, Year)
TO B	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type	, Print)		かんり	23		>4	10	M
	x050€	130	Pode	Las	2	,							
	31. DATE FILED (Month, Day, APR 2 0 1		Julia David	AN SIGNATURE	ASC.								
			,										DNMN-16 Rev 1/8





	FOR
1	STATE
	HEALI CIDOL

TO BE COMPLETED BY FUNERAR DIRECTOR

1 - STATE REGISTRAR	SINIE OF MINIT	CERTIFI	CATE OF		MENIAL HYGH			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR	3. TIME OF DEATH
ELEANOR	12	LASMEIER (In yrs. lest birthdey)	IF UNDER 1 YEAR		7. DATE OF BIRTH	9	92	6:43 pm
213-20-7516	1 M 2 KF 7		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	SEPT 02	1912	Countr	PLACE (State or Foreign Y) RYLAND
86. FACILITY NAME (If not institution, give of HARBOR HOSPITAL C	erreet and number) ENTER			OR LOCATION OF D	DEATH	9c. COI	JNTY OF O	EATH
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c. CITY	TOWN OR LOC	ATION				10d. INSIDE CITY
	TIMORE	LA	NSDOWNI	Ē				1 YES 2 NO
100. STREET AND NUMBER 2924 BALTIMORE			1	or. ZIP CODE 21227			USA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 🖔 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	ZA_NO	If yes, s	CENDENT OF HISPA specify Cuban, Mexic S 2 XNO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.) Hy:	Yes or No—	14. RACE Black Speck	— American Indian, c, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ork done during n		16b. KINO OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 6TH	College (1-4 or 6+)	HOMEMA	e retired.)	•	HOMEN	IAKER		
17. FATHER'S NAME (First, Middle, Lest) FREDERICK COS	TIN				AME (First, Middle, Melo			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or		in Code)	
BARBARA BRIGGS					LTIMORE,		1230	
20a, METHOD OF DISPOSITION 1 IA Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		b.PLACE AND DATE O			1	LOCATION -		
21. SIGNATURE OF FUNERAL SERVICE LI			HUBBA	AND ADDRESS OF FARDFUNERA		NC.		21229
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) LAST	Cardia		chyt	ephalo arT hmia.	faiku	re		Onset and Death
PART II. Other aignificant condition		but not reaulting in	the underlying			AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Men Insuli	n Depen	den D	DIA6e	les me	1/1/ Tusi = YES	2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)			
1 TYES 2 M NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Our		4 - Nursing Ho	me 5 Residence	6 Other (Specify)	A 141 117 mm	NOTIFIE TO	
1 Naturei 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 🗆	YES 2 NO	26d. DESCRIBE HO	W INJURY OC	CURED	
3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.	Y — At home, ferm, at ocify)	treet, factory, offi	ce	261. LOCATION (Stru City or Town, Str		r or Rumal R	oute Number,
	ICIAN: To the best of my kno							and manner as stated.
291. BIGHAPURE AND TITLE OF CERTIFIE	Sme 1	M		29c. LICENSE NU	MBER	294. DA	4-7	18-92
CALLOS A	CONRADO	CH,C		r Hospi	TAL Ce	nle		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR \$ 510	Jevidon-A	A PARTY					
- AFN								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Debt. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is merked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	TMENT OF I	DEATH AND		GIENE G. NO.	_ 10010
1. DECEDENT'S NAME (First, Middle, Les VIOIA	0)	Kei	th		2. DATE OF DE MONTH April		year 7:53pm
4. SOCIAL SECURITY NUMBER 213-34-8976	1 □ M 2 XXF	(In yrs. lest birthday) 76 yrs.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Morth, Day, 5-16-1	P(TH Vbar)	BIRTHPLACE (State or Foreign Country)     S.C.
9a. FACILITY NAME (If not institution, give Maryland General PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. COUNTY 10b. CO	estreet and number)		Balti:	nore Cit	<b>ЕАТН</b>	9c. COUN	TY OF DEATH
10e. STATE 10b. COUNT	NTY		, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		BAL	TIMORE 10	. ZIP CODE		10g. CITIZ	1)() YES 2 NO
4109 LASALLE AV	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	21206 ENDENT OF HISPA	NIC ORIGIN? (Spe	cify Yes or No-	S.A.  14. RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 VES	DATES NO		2 NO Specif		etc.)	Black, White, etc. Specify: BLACK
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	Ilfe. Do NOT use	ork done during me retired.)		16b. KIND	OF BUSINESS/INDU	JSTRY
1St 17. FATHER'S NAME (First, Middle, Last)		DOME	STIC	18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)	
TIM CARTER				CLARA C			
19a, INFORMANT'S NAME (Type/Print)  CLAY KEITH						MD 2120	
20e. METHOD OF DISPOSITION  1 V Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		b. PLACE AND DATE OF THE MORE OF THE MORE MORE MORE MORE MORE MORE MORE MOR				RANDALLS	STOWN, MD
21. SIGNATURE OF FUNERAL SERVICE		Jones	22. NAME A	ID ADDRESS OF FA	CILITY		H AVENUE
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	- Acute rena	athy (dil	):				Interval Betw Onset and De
CAUSE (Disesse or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	):				
PART II. Other significent conditi	ons contributing to deeth	but not resulting in	the underlyin	g ceuse given in		WAS AN AUTOPSY PERFORMED? YES 21 NO	24b. WERE AUTOPSY FINDS AMPLIABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)		
1 YES 2 NO  27. MANNER OF DEATH	1 X Inpetient 2 ER/Ou		4 - Nursing Hon	e 5 Residence		HOW INJURY OCCI	I DED
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 🗆	RK? /ES 2 NO	ava. Degombe	. NOW INJUST OCCI	
3 Suicide 6 Could not b 4 Homicide determined	building, etc. (Sp.	tY — At home, farm, st ecify)	ireet, factory, offic		281. LOCATION City or Town		or Rural Route Number,
	/SICIAN: To the best of my knowness.						d. cause(s) and manner as state
296. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU			SIGNED (Month, Day, Year)
Musterla	14.3.			n	/a	1 6	14/15/92
Christopher	Ciliberto,	M.D.	c/o	Marylan	d Genera	al Hospi	tal
31. DATE FILED (Month, Day, Year) APR 2 0 1992	32. REGISTRAR'S SIG	MATURE -Achdell					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

92 10811 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EORGE 10:15 A.M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5 SEY 6. AGE (In vrs. last birthday 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 5/10/1895 96 1 X M 2 F 216-09-4632 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Saint Agnes Hospital DIRECTOR Baltimore City NA RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland NA Baltimore City 1 X YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 786 West Cross Street, 21230 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 IF YES, GIVE WAR OR DATES BY 3 💢 Widowed 4 🔲 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) 8th Grade Salesman Furniture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Paul Krabitz Kogf Rosa Krabitz BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Charlotte Krabitz 786 W. Cross St., Balto., 21230 Md. 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Burial 2 Cremation 3 Ramoval from State Western Cemetery 4 Donation 5 Other (Specify) 4/22/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE
STANLEY M. LOEWNER 22. NAME AND ADDRESS OF FACILITY 237 E. PATAPSCO AVE. Stanley M. Loeuner McCULLY FUNERAL HOME BALTIMORE, MD. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) Preumonia PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO Necrotizing COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO Necrotifing Myonecrosis 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO Appetient 2 ER/Outpetient 3 DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED Netural 5 Pending Investigation M 1 YES 2 NO BY Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNASSINE AND JITLE OF CENTURE 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 4 mo 192 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



31. DATE FILED (Month, Day, Year)

ΔPR

2 0 1992

132 REGISTRATI'S SIGNATURE
Whia Davidson-Amdess

IMPORTANT

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DIVISION OF VITAL	
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4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Depti. of Health and Mental Hyglene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND ME DEATH	NTAL HYGIENE REG. NO.		10012
1. DECEDENT'S NAME (First, Middle, Last)	Gu	y Wayne	Kess1		DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-26-5901	1 💢 M 2 🗆 F		UNDER 1 YEAR	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIFITH (Month, Day, Year) Oct. 9,19	29 Pen	NPLACE (State or Foreign
94. FACILITY NAME (If not institution, give s St. Agnes Hosp		96		City N	id.	9c. COUNTY OF	DEATH
St.Agnes Hosp RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland	Υ	111111111111111111111111111111111111111	OWN OR LOCAT	ty,Md,			10d. INSIDE CITY LIMITS?
	ement St.	1 24		ZIP CODE 21230		10g. CITIZEN OF	₩AT COUNTRY?
10e. STREET AND NUMBER 504 E.C1  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 7 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	If yes, sp		DRIGIN? (Specify Yea or uerto Rican, etc.)	r No— 14. RAC Bla	CE — American Indian, ok, White, atc.
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done durina ma	N at of working	166. KIND OF BUSIN	IESS/INDUSTRY	
Elementary/Secondary (0-12)  12th - Grade  17. FATNER'S NAME (First, Middle, Last)		Airpl	ane Me	chanic 16. MOTNER'S NAME	Nation	nal Gu	ard
Charles 19a. INFORMANT'S NAME (Type/Print)	Ellsworth		DRESS (Street a		dred E.  Number, City or Town,	Batm Stete, Zip Code)	an
Mrs.Nancy C.Ke	20b.	504 E.	Clemen	nt St.Bal	Lto.Mary		
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		ou laney"	22. NAME AN		Balto.M		
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		dis			
PART II. Other significant condition	na contributing to death bu	It not resulting in t	he underlying	cause given in Par	1 I. 24s. WAS AN AU PERFORMI 1 YES 2	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN	HOSPITAL:	0	26. PL	ACE OF OEATH (Check of	only one)		
1 Ves 2 NO  27. MANNER OF DEATN  1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		Other (Specify)  d. DESCRIBE NOW INJ	URY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28s. PLACE OF INJURY building, etc. (Speci	At home, farm, streety)	et, factory, office	28	f. LOCATION (Street and City or Town, State)	I Number or Rural	Route Number,
29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINE	ICIAN: To the best of my knowle						a) and menner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER	nes 2	Pd. DATE SIGNED	(Morth, Day, Year)
	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	n) Ar	e Bal	timme.	mn	
31. DATE FILED (Month, Day, Year)  APR 2 0 1992	32. REGISTRAR'S SIGNA						



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the honoratal or stranding has been seen to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE FUNERA De filed within 73	IMPORTANT: I

1. DECEDENT'S NAME (First, Middle, La	st)						2. DATE OF				3. TIME OF DEATH
	BRAXTON	LAW	SON				Apri		0 19	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 YEAR	-	R 24 HRS.	7. DATE OF	BIRTH	0 1 3	S. BIRTH	PLACE (State or Foreig
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9e. FACILITY NAME (If not institution, gi	ve street end number)			9b. CITY, TOWN	OR LOCAT	ION OF D			المحافظة	NTY OF D	
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10e. STATE 10b. COU			Inc. CIT	Y. TOWN OR LOCAL							
Maryland											10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			I BS	ltimore	. ZIP COD	F			10a CIT	TEN OF W	HAT COUNTRY?
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11. MARITAL STATUS	12 WAS DECEDED	NT EVER IN U.S. AF	RMED	13. WAS DEC		121	NIC ORIGIN? (!	Specify Ver	or No.	USA	- American Indian.
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322							,			арвия	Black
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16e. DE	CEDENT'S	USUAL OCCUPATION Work done during mo	ON ast of world	ing	16b. Kt	ND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5	+)									
17. FATHER'S NAME (First, Middle, Last)		Wo	rkma	in's Co	_					Gove	rnment
					18. MOT	HER'S NA	ME (First, Midd	fle, Meiden	Surneme)		
Arthur Braxto  190. INFORMANT'S NAME (Type/Print)	on				M	ary	Lee				
Herbert Lawso				ADDRESS (Street e							
				Cedoni		ve.	-				21206
20a, METHOD OF DISPOSITION  1   Burlel 2   Crematton 3   R  4   Donation 5   Other (Specify)	emovat from State	cemetery, cre	metory or o				DATE		CATION —		•
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-   Ceda	I H	ill Cem	ete.	ry	4/15	Ba	ltim	ore	Co, MD
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH MONTH YEAR 1:53 Arris OVONO 8. AGE (In vrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 DAYS 217-01-9897 81 YRS. 12/9/1910 Maryland 9a. FACILITY NAME (If not institution, give street and number. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mercy Medical Center Balto.City, Md. 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto.City, Md. Maryland _____ PCKYES 2 □ NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21230 USA 221 E.Cross St. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, stc.)

1 YES ZYNO Specify: 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES TONO 1 Never Married 2 Married Widowed 4 ☐ Divorced White 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 8th.Grade Homemaker Own Home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. Dixon Myrtle King M. 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs.Rosemary T.Simms 1351 Andre St, Balto.Md. 21230 20a. METHOD OF DISPOSITION
1 1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 1 Donation 5 Other (Specify) Glen Haven Mem.Park Glen Burnie, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) PULLINONIA
DUE TO (OR AS A CONSEQUENCE OF): Metastatic by east Tears Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MININGIGIMA 1 TES 2 NO Parkingon's disease 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Stripetlant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0 4 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 85 S. C. DAYS 011 906 -10 Se. FACILITY NAME (If not 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH st. 800 1401 DIRECTOR lins RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N1a. timore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1800 Holl 223 2 WAS DECEDENT EVER IN U.S. APPRED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. ORCES? 1 YES 2
YES, GIVE WAR OR DATES If yes, specify Cutte 1 YES 2 NO n, Mexicen, Puerto Rice 1 Never Merried 2 Merried Black Specify: BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp al of working (Give kind of work done life. Do NOT use retired.), Elementary/Secondary (0-12) College (1-4 or 5+) House wife COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Dam at BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Ave 21239 205 Cochran Md. 200. NETHOD OF DISPOSITION pg 20b. PLACE OF DISPOSITION 20c. LOCATION - City or Town, State must 3 🗆 🖦 Buriel 2 - Cremetion wal from State 4 Donation 8 Other (Specify) (emeter examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Funeral Berrick 1 4611 Park 100 me Jones Bullo, Md. Heights The 21215 medicai 23. PART I. Enter the diseases, or complications that caveed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or haert failure. List only one co n each line. use o intarvai Between 0 **Onset and Death** IMMEDIATE CAUSE (Final the cremation, 3 months disease or condition LEUKEMIA and completely fi burial, cremation reaulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL and COMPLETION OF CAUSE Health a 1 YES THO OF DEATH? 1 TYES 2 TNO Deen . PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) or item certificate h HOSPITAL 1 TES 2 THO 1 Dinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED this c 28 Is marked, Notura 5 Pending 1 YES 2 NO 8 Investigation death 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide IMPORTANT: If item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only one) FUNERAL I 2 MEDICAL EXAMINER: On the basia of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 開門 Shortont 79 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1709, Print)
MICHITEL SHORTHLL UNIV. OF MERICAND CANCER CENTER S. GREENE



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RECORDS,
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH April 18, 1992 BRIAN MARTIN 2:00 MELNIK 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTN
(Month, Dey, Year)
11/27/60 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign HOURS MONTHS DAYS 1 X M 2 | F 222-40-7285 31 YRS. New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1623 Bolton Street, DIRECTOR Baltimore Apt. 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1623 Bolton Street. Apt. 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 X Never Married 2 Married 1 YES 2 1 NO BY Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 15e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+1 5+ Architect Architecture/Design 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) To George Melnik BE Martha Shuttleworth notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) George Melnik 68 Welsh Tract Rd.. Apt. 305 Newark, DE 19713 9 20a. METHOD OF DISPOSITION
1 □ Burial 2 🔀 Cremation 3 □ Removal from State
4 □ Donation 6 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE Metro Crematory, Inc. 4/20 Baltimore, MD 21. SIGNATURE OF FINERAL SERVICE LICENSES MEN AND medical examiner 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Rd., Balto., 21228 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) BIZURE or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): KaDosi sseminated arcoma CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING plits 4 tomegalovirus CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST ndeone mmunode Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 23 shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Rem 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 84 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, etc. (Specify) 90 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide Item 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 295 SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) anex Hours D25169 20 2 April 1992 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Janet Morn. JOOU Newbu M.D. 5550 Newbury St. Baltimore, MD 21209 31. DATE FILED (Month, Day, Year)

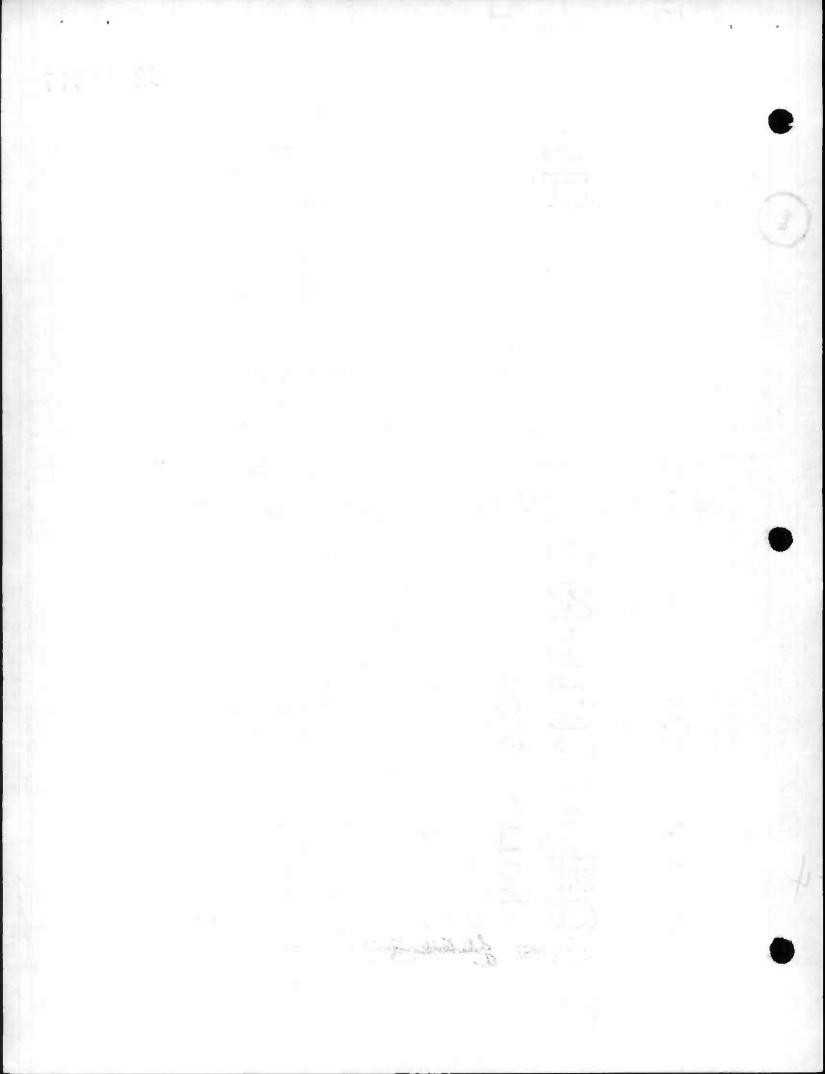


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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	1
TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

i	1. OECEDENT'S NAME (First, A	Widdle, Last)	May							2. DATE OF C	DEATH DA	Y	YEAR	3. TIME OF DE	
- 4			-							4		14	92	2	Ри
	4. SOCIAL SECURITY NUMBER 216 - 24 -		5. SEX 1 M 2 F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF B (Month, Det		12	Country	polis.	
	9a. FACILITY NAME (If not insti	titution, give st	reet and number)			9b. CITY,	TOWN	OR LOCATION	ON OF DEA				TY OF DE		rici.
TOR	Mercy RESIDENCE OF DECE		ical C	enter		Ī	3a1	tim	ore					-	
DIRECTOR		10b. COUNTY				γ, τοwn ο altin		TION						10d. INSIDE CI LIMITS? 1 YES 2 [	
FUNERAL	1 West Conv	way St	., Apt.	106				2120				U.S		HAT COUNTRY	7
B	11. MARITAL STATUS  1 Never Married 2 N  3 X Widowed 4 Divorce		12. WAS OECEDENT FORCES? 1 IF YES, GIVE W	YES 2 XT		1	yes, sp		n, Mexican,	C ORIGIN? (S Puerto Ricer			14. RACE Block, Spoce Whit	— American in White, etc. y:	ndlen,
	15. DECEI (Specify only	DENT'S EDUC	CATION completed)			USUAL OC			10	16b. KIN	O OF BUS	INESS/IND	USTRY		
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BE COM	17. FATHER'S NAME (First, Mid Walter Snyc							18. мот Ма1	HER'S NAM	Carro	e, Maiden 11	Surname)			
TO B	Joanna Myen			19	502 1	E. Fo	(Street	Ave.	or Rural Ro Bal	to., l	Md.	n, State, Zip 21230	Code)		
1	20a. METHOD OF DISPOSITION 1 Burial 2 Commation 4 Donation 5 Other (6)	3 🗆 Remo	oval from Stata	20b. PLACE of cemetary Green	AND DAT	e of disper	ema	tory	4-1	8-92		Lto.,		vn, State	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ensee m	0093	3	Br	adl	ev-As	ss of FACI	Fune	ral I	Home,	Inc	id. 212	22
-	23. PART I. Enter the pla	. 0 4 00												Approxi	
	shock, or Ne IMMEDIATE CAUSE (Fine disease or condition resulting in death)	art fellure.	List only one cau	CTETI	в.									Interval	Between and Death
Z			011	guric	R	cho	-1	Fa	lor	د					
CATIO	Sequentielly list condition if any, leading to immed cause. Enter UNDERLYIN	late VG	DUE TO	YOR AS A CONSE	OUENCE C	OF):									
CERTIFICATION	CAUSE (Disease or Injur that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSE	QUENCE C	NF):									
2	PART II. Other algolficen	nt condition	a contributing to	deeth but not	reaulting	In the ur	derlyir	g ceuse	given in F	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPS	
2	conges-	tive	Heart	faile	re,	11	ria	1		1	PERFOR			COMPLETION C	
MEDICAL	fibrill	ation	Chro	nic Ob	stre	uction	-	Pull	moma	7		- La No		OF DEATH?	□ NO
	Disease			cance						-/					
M	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOODITAL					LACE OF	DEATH (Chec	ck only one)					
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	3 Sulcide 6 0	Could not be letermined	28e. PLACE Obuilding,	of INJURY — Al h	ome, farm,	street, faci	ory, offi	ca		28f. LOCATIO City or R	ON (Street bwn, State)		or Rural R	loute Number,	
COMPLETED	cont only		CIAN: To the best of											) and manner a	es stated.
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE		Inte	200			29c. LIC	ENSE NUM	BEA		29d. DAT	E SIGNED	(Month, Day, Ye	ner)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (ITI	M 27) (Typ	e, Print)							7/1	1/92	-
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	31. DATE FILED (Month, Day, )	op 2 (	32. REGISTRA	SE OF DEATH (ITE  ST - Pa  ARY SIGNATURE	don	Pendel	2								
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending phys	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build be used to be set of the build be detached for use as the build be as the build be state from the State flow of Hanth and Mental Hondone prior to build cremation, or removal

sician. ial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meurs after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGI REG.			0010	
	1. OECEDENT'S NAME (First, Middle, Lest)  AROLY 67	Merri	#			2. OATE OF DEAT	DAY	EAR 2	ME OF CEATH	
	4. SOCIAL SECURITY NUMBER 218-26-8931	1 □ M 2 10 6	2 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 4-07	ir)	BtRTHPLAC Country)	E (State or Foreign	
POR	9a. FACHLITY NAME (If not institution, give a St. Agnes Hosp		9b	Balti	More,	Md.	9c. COUNTY	OF DEATH		
DIRECTOR	nesidence of decedent  10a, STATE  10b, COUNT	Y		own or Locate	e, Ci	h v			INSIDE CITY LIMITS? YES 2 NO	
	10e. STREET AND NUMBER				ZIP CODE	<u> </u>	10g. CITIZER	47.5		
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BY	1 X Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 7 NO	If yes, spe		in, Puarlo Rican, etc		Black, Whi	Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	18a. DECEDENT'S USA (Give kind of work life. Do NOT use re	done during mos tired.)	of working	18b. KIND OF	BUSINESS/INDUS	TRY		
MP	6th 17. FATHER'S NAME (First, Middle, Last)		Unempl	Loyed	II					
-		erritt			Harr:	ME (First, Middle, Ma	_{iden Sumame)} Cousins	2		
BE	19a. INFORMANT'S NAME (Type/Print)	CLLICC	19b. MAILING AD	ORESS (Street ar		Route Number, City of				
2	Beaumont G. Th	nomas	710 Mt	. Hol	ly St.	/Baltim	ore, Mo	3. 21	229	
	20e_METHOD OF DISPOSITION XXBuriel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	20b.	PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE P				ANSDOWNE		tate	
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	Ninett	0) 50	no	Wm.C	. Marcl	h F/H l	101 E.	Nort	h Ave.	
	IMMEDIATE CAUSE (Final	complications that plused List only one cause on es	the deeth. Do not ch lins.	enter the mod	e of dying, suc	ch as cordiac or r	espiratory srres	t,	Approximate interval Between Onset and Daath	
	disease or condition resulting in death)	BUE TO (OR AS A	al 7m	vom	box					
NO	Sequentially list conditions,  Due to (or Ast Conscious of):									
ATI	if any, leading to immediate cause. Enter UNDERLYING	Smoke	CONSEQUENCE OF):							
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	PART II. Other aignificant condition	o. contributing to death bu	it ont regulting in t	ha undarbila	sausa aluan la	Short I are un	S AN AUTOPSY	Last were	E AUTOPSY FINDINGS	
CAL	Recase Sta		H. d.	ne underlying	cause given in	PEI	RFORMED?	AMAI	LABLE PRIOR TO IPLETION DF CAUSE	
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	selianop.	In/myc	in ndl	11000						
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ED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, etc. (Specif	— At home, farm, streety)			281. LOCATION (S City or Town,	treet and Number or State)	Rural Route	Number,	
	20. CERTIFIER S									
OMPLET	(Check only	ER: On the basis of axamination							manner as stated.	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buni	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) MARY ELIZABETH 2. DATE OF DEATH 1992 MARY MAYO 04 17 1:36 P 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIFITH (Month, Day, Year) 11-25-1924 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 219-10-1019 1 M 2 XXF 67 YRS. MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALITMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1912 E. 28th STREET 21218 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BLACK BY 1 YES 2 NO Specify: 3 🕅 Widowed 4 🔲 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) 12th BALTIMORE CITY HOSPITAL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) JOHNNY GOSTON MABLE HOLT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5917 ARIZONA AVE./BALTIMORE, MD 21206 2 CLAUDETTE MAYO 20a, METHOD OF DISPOSITION

| Burlet 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State BALTIMORE CEMETERY 4 Donation 5 Other (Specify) BALTIMORE, MD 21. SIGNATURE OF FUNERAL-SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, of heart fellure. Liet only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) superior Vena Cara Syrdiome 2 weeks DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not recuiting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? oneumonia 1 YES 2 NO 1 TYES 2 TAN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Realdence 6 □ Other (Specify) 1 YES 2 NO 1 - Impatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Naturel 5 Pending 1 YES 2 NO BY 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 🔲 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 🔲 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. THE SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) am can w 7043050 mi192 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 600 N. Walte lan MI) Duran

32/AGGISTAN'S SIGNATURE

31. DATE FILED (MONTH, Day, Year)



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1. DECEDENT'S NAME (First, Middle, Lest HETT! 4. SOCIAL SECURITY NUMBER 087-03-6884 90. FACILITY NAME (If not institution, give	et Mason	AGE (In yrs. lest birthdey)	IF UNDER	1 YEAR IF UNDER	Ap	TE OF DEATH DAY		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 087-03-6884	5. SEX 6.		IF UNDER	T YEAR SE IMPER	Ap	ril 12 1	992	9:58
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9e. FACILITY NAME (If not institution, give		89 YRS.	MONTHS	DAYS HOURS	MIN. 8	-2-1902	Country	"VA.
			9b. CITY,	TOWN OR LOCATIO			COUNTY OF DE	
Maryland Gene	ral Hospita	.1	Bal1	timore C	ity			
CATCH CO.								
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			вај	timore				1XXYES 2   N
	ADT COO			10f. ZIP CODE		10	g. CITIZEN OF W	HAT COUNTRY?
								<i>\</i> -
			13. W	WAS DECENDENT OF	F NISPANIC ORIG	SIN? (Specify Yes or I	No- 14. RACE Black	- American Indian White, etc.
3 🕅 Widowed 4 🔲 Divorced			1	☐ YES 2 X NO		o rincari, orc.,	Specif	v.
15 DECEMENT'S EN	IICATION .	te. processivie						BLACK
(Specify only highest grad	le completed)	(Give kind of	work done di		7	86. KIND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		55 1011160.)					
17. FATHER'S NAME (First Middle Leet)								
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1 X Burial 2 Cremation 3 Rat	moval from State	cemetery, cremetory or o	ther plecel		0/			
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nome	wx.	mes	WM.	C.MARCH	F.H./1	101 E. NO	ORTH AVI	ENUE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
that initiated eventa resulting in death) LAST	OUE TO (OR a	AS A CONSEQUENCE OF	F):					
PART II. Other significant condition	na contributing to dear	th but not resulting i	In the und	lerlying cause gi	ven in Part I.	24s. WAS AN AUTO	OPSY 24b.	WERE AUTOPSY FIN
	A .					1000	?	AVAILABLE PRIOR T
			47(00	21		1 YES 2	NO	OF DEATH?
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4 Homicide datarmined	building, atc. (	Specify)			Cit	y or Town, State)	umber or noter no	ale reumber,
29a. CERTIFIER CERTIFYING BUYE	NOIAN. To the house of		10017					
(Check only one) 2 MEDICAL EXAMIN	ER: On the heals of avanta	nowledge, death occurre	o to	ne, data and place, a	and due to the c	luse(s) and manner a	ns stated.	
- Carrier Committee	ER: On the basis of examin		n, in my opi	mon, death occure	g at the time, da	a and placa, and dus	to the cause(s)	and manner as ata
					ISE NUMBER			
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICEN	SE NOMBEN	290	I. DATE SIGNED	Month, Day, Year)
296. SIGNATURE AND TITLE OF CERTIFIE  CHHIEVG MI)				29c. LICEN	ISE NOMBEN	290	4 11 Z	Month, Day, Year)
29b. SIGNATURE AND TITLE OF CERTIFIE	10 COMPLETED CAUSE OF					•	4/12	Month, Day, Year)
	MD  10e. STREET AND NUMBER  1701 EUTAW PLACE  11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S ED (Specify only highest grace)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  ZEPHANIAH TOLS(  19a. INFORMANT'S NAME (Type/Print)  MARY MARTIN  20a. METHOD OF DISPOSITION  1 Weurial 2 Cremation 3 Read  4 Donation 5 Other (Specify)  21. Bignature of rune tab Bernice Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawrence Lawren	10e. STATE   MD	10e. STATE MD  10e. STREET AND HUMBER  1701 EUTAW PLACE APT. 622  11. MARITAL STATUS    Never Married   2   Married FORCES?   1   YES   2   J.WO    10. STREET AND HUMBER  1701 EUTAW PLACE APT. 622  11. MARITAL STATUS    Never Married   2   Married FORCES?   1   YES   2   J.WO    10. DECEDENT'S EDUCATION   10e. DECEDENT'S (Specify only highest practic completed)  Elementary/Secondary (0-12)   College (1-4 or 5 +)   16e. DECEDENT'S (Specify only highest practic completed)  17. FATHER'S NAME (First, Middle, Lest)  ZEPHANIAH TOLSON  19e. INFORMANT'S NAME (First, Middle, Lest)  ZEPHANIAH TOLSON  19e. MARTIN   2407  20a. METHOD OF DISPOSITION   19e. MAILLING MARY MARTIN   2407  21. BIGNATURE OF FUNDING SERVICE UCENTIEE  23. PART I. Enter thy diseases, or complications that cause on each line.  Sepsis  1 SUPLACE AND DATE Cambeton   20e. PLACE AND DATE Cambeton, cremetory or CKING MEMO  21. BIGNATURE OF FUNDING SERVICE UCENTIEE  23. PART I. Enter thy diseases, or complications that cause on each line.  Sepsis  24. Donation   5   Other (Specify)   DUE TO (OR AS A CONSEQUENCE OR CAUSE, CITE of CAUSE (Final diseases or conditions, if any, leading to Immediate Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST   OUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE (Disease or Injury that initiated events resulting in death) LAST   OUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE)   DUE TO (OR AS A CONSEQUENCE OR CAUSE	10e. STREET AND NUMBER   170. CETTY, TOWN O Ba.   10e. CITY, TOWN O Ba.   10e. STREET AND NUMBER   1701 EUTAW PLACE   APT. 622   11. MARITAL STATUS   12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   VES 2 V.NO   18. DECEDENT'S EDUCATION (Speedy only highest grade completed)   12. 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STATE   196. COUNTY   196. CITY, TOWN OR LOCATION   MD   Baltimore	198. STATE 196. COUNTY 196. CITY, TOWN OR LOCATION Baltimore 1701 EUTAW PLACE APT. 622 11. MARTAL STATUS 11. Never Married 2 Married 3 Windowed 4 Overall Park 10 College (1-4 or 5 +) 12. WAS DECEDENT EDUCATION 197. College (1-4 or 5 +) 13. Windowed 4 Overall Park 10 College (1-4 or 5 +) 15. PATHERS NAME (First, Middle, Last) 22. PART I. Entire thy diseases, or complications that callused the death. Do not entar that mode of dying, such as certainly Barried (1-10) Colleges (1-4 or 5 +) 15. EXCRATURE OF PURGEDS SERVICE LICENSEE  15. ENGRATURE OF DISPOSITION 1 Committee (1-10) Colleges (1-4 or 5 +) 15. EXCRATURE OF DISPOSITION 1 Committee (1-10) Colleges (1-4 or 5 +) 15. EXCRATURE OF DISPOSITION 1 Committee (1-10) Colleges (1-4 or 5 +) 15. EXCRATURE OF DISPOSITION 1 Committee (1-10) Colleges (1-4 or 5 +) 15. EXCRATURE OF DISPOSITION 1 Committee (1-10) Colleges (1-4 or 5 +) 15. EXCRATURE OF PURGEDS SERVICE LICENSEE  23. PART I. Entire thy diseases, or complications that callused the death. Do not entar that mode of dying, such as ce shock, or heart failure. List only one cause on asch lina.  Sepsis  24. Donation 5 Other (Spochy)  25. WAS CASE REFERRED TO MEDICAL EXAMINERY (Disease) or injury 10 Colleges (1-4 or 5 +)  DUE TO (OR AS A CONSEQUENCE OF):  26. DUE TO (OR AS A CONSEQUENCE OF):  27. MANNER OF DEATH (Check only 1 Cycle) of Harding to death but not cesuiting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not cesuiting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not cesuiting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not cesuiting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not cesuiting in the underlying cause given in Part I.  PART II. State of the College of HAUNTY At Norm, farm, street, factory, office and the college of the College of the College of the College	THE STEAM OF DECEDENT  10s. STATE  10s. STATE  10s. STATE  10s. CTY, TOWN OR LOCATION  Baltimore  10s. 2P CODE  11s. MAD DECEMBERT OR INSPANC ORIGIN? (Specify Yes or 1 yes, specify Cuban, Marican, Puarto Rican, etc.)  11   New Marriad 2   Marriad  12   New Observation   12   New Observation   13   New Observation   14   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15   New Observation   15	No. STATE   198. 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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DIRE
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the possibilar of attentioning physician, and completely filled in by the funeral director, page 5 should be disached for use as the buttal-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygierts price to among or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		ARYLAND / DEPA CERTII		OF DEAT		REG. NO		100
1. DECEDENT'S NAME (First, Middle, L MARCEL	REED	McCOY,	JR		2	DATE OF DEATH DO 04 0		92 2:15
4. SOCIAL SECURITY NUMBER	5, SEX 6	. AGE (In yrs. last birthday,		YEAR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Fo Country)
216-32-5206  9e. FACILITY NAME (If not institution, g		55 YRS.	at orth	OWN OR LOCATI		Sept 25 1		Marylan TY OF DEATH
THE JOHNS HOPK	INS HOSPITA	L		LTIMORE				MORE CITY
RESIDENCE OF DECEDENT 10a. STATE 10b. CO		10c, CI	TY, TOWN OR	LOCATION				10d. INSIDE CITY
Maryland			Balt	imore				LIMITS?
10s. STREET AND NUMBER			Dare	101. ZIP COO	E		10g. CITIZI	EN OF WHAT COUNTRY?
1846 Colling	ton Avenue	9		212	213			USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2) NO	If y		n, Mexican, I	ORIGIN? (Specify Ye Puerto Rican, etc.)	or No- 1	14. RACE — American Indi- Black, White, etc. Specify: Blac
15. DECEDENT'S		16a. DECEDENT			_	16b, KIND OF BU	SINESS/INDU	
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	l work done du use retired.)	ring most of working	g			
	College 2	2 Nu	rse			Key Ci	rcle	Nursing
17. FATHER'S NAME (First, Middle, Last				18. MOT	HER'S NAME	(First, Middle, Melden	Surname)	
Marcel A.	Reed McCoy					Scott		
19a. INFORMANT'S NAME (Type/Print)	1 - 1 - 1					rte Number, City or Tox		
Phillip Scot					oly T			timore, M
20s. METHOD OF DISPOSITION  1	lemoval from State	20b. PLACE AND DATE cemetery, crematory or	other place)			DATE 20c. LO		M. V. Contraction
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Metro Ci			SS OF FACIL	4/16 Ca	tonsv	ille, MD
- Hary & Re	ollens		2	501 GT	vynns	Falls MD 212	Park	ral Homes way
Sequentially liet conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. aden DUE TO (O	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF	orj:	of u	nhen	ion /	ərin t	ary 1 ye
PART II. Other eignificent condi		eath but not reculting	In the unde	erlying couse (		PERFOI	RMED?	24b. WERE AUTOPSY FI AMRIABLE PRIOR COMPLETION OF C OF DEATH?
EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:					
27. MANNER OF DEATH	28s. DATE OF IN	JURY 28b. TI	ME OF 2	g Home 5 🗆 Re Bc. INJURY AT		Bd. DESCRIBE HOW	NJURY OCCU	IRED
1 Natural 5 Pending 2 Accident Investigati	(Month, Day,	roar)	M	WORK?	NO			
3 Suicide a Could not determine	be 28s. PLACE OF II	NJURY — At home, ferm, (Specify)	street, fectory	, offica	21	81. LOCATION (Street City or Town, State)	end Number or	r Rural Route Number,
	IVSICIAN: To the best of my							
296. SIGNATURE AND TITLE OF CERT	/	1		29c. LICE	NSE NUMBE	IR	29d. DATE	SIGNED (Month, Day, Year)
1.00	near	١,		D	430	50	<b>4</b>	17 192
30. NAME AND ADDRESS OF PERSON	MHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ)	J. W.	olfe =	5+.	Baltin	rore	MD 212
31. DATE FILED (Month, Day, Year)	2. BEGISTBAR'S	SIGNATURE						

TAS-58-43 PM

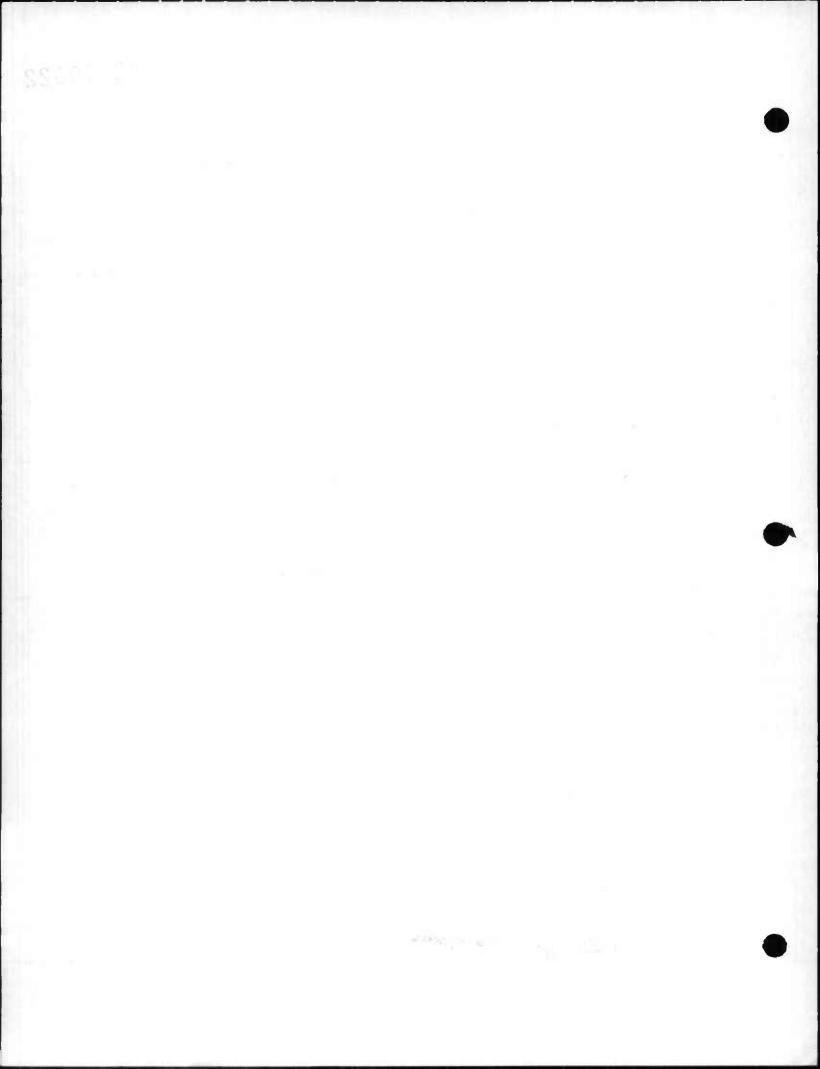
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0, BALTIMORE, MARYLAND 21215-0020	ithin 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		YLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGI REG.		1082	2
	1. DECEDENT'S NAME (First, Middle, L Mary	Helen	MCDO	NALD		App i	<b>1</b> 4, 19	92 8:40P	м
	4. SOCIAL SECURITY NUMBER 220-09-6044	1 🗆 M 2 💢 F	GE (In yra. last birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 11-19-1	1)	BIRTHPLACE (State or Foreign Country)  MARYLAND	
OR	90. FACILITY NAME (If not institution, FRANKLIN SOUARE	HOSPITAL			RUSSVILLE	ATH	9c. COUNTY		
DIRECTOR	100. STATE 10b. CO	UNTY	10e. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
	MARY LAND  100. STREET AND NUMBER	BALTIMORE	-		JNDALK I. ZIP CODE		10g. CITIZE	1 TYES 2 WHO	_
FUNERAL	1743 LESLIE ROA  11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 1 Y	ES 2/VNO	II yes, sp	212 CENDENT OF HISPAN ecity Cuban, Mexica	NC ORIGIN? (Specify n, Puerto Rican, etc.	y Yea or No- 14	J. S. A.  Black, White, etc.	_
D BY	3 Widowed 4 Divorced  15. DECEDENT'S	IF YES, GIVE WAR O		USUAL OCCUPATION	NO Specify		BUSINESS/INDUS	Specify: WHITE	_
OMPLETED	(Specify only highest : Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	vork done during mo e retired.)	ost of working	166. KIND OF			
COME	8TH GRADE 17. FATHER'S NAME (First, Middle, Les	N/A	I SECR	ETARY	18. MOTHER'S NA	ME (First, Middle, Me	CIFRIC	AL	_
10 m	JOHN HAYES  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	NETTTE		Paura State Tin Co	aria)	_
TO BI	JOHN J. SAKOWSK	7		LESLIE 1		LTIMORE.			
must be	20a. METHOD OF DISPOSITION  1V Burlal 2 Cremetion 3   4 Donation 5 Dother (Specify)	Removal from Stale	20b. PLACE AND DATE Cometery, crematory or o MEADOWRID	thar place)		1	LOCATION — CH	Y or Town, State	
examiner	21. SIGNATURE OF FUNERAL SERVICE	P. Conc	he	DUDA-R	ND ADDRESS OF FA	RAL HOME	OF DUNT	DALK INC.	
or other traumatic event, the medical	23. PART I. Enter the disesses, shock, or heart fell iMMEDIATE CAUSE (Finst disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	s. DUE TO (OR A	psis	en: ( (	ade of dying, such			t, Approximate interval Betwee Onset and Dark	
shows any injury, or of the MEDICAL CERT	PART II. Other significant cond	(Circho	th but not resulting	in the underlyin	g ceuse given in	Part I. 24a. WAS	3 AN AUTOPSY IFORMED? S 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	-
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	eck anly one)			_
의수	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/			ne 5 🗆 Rasidence	6 Other (Specify) 28d. DESCRIBE HO	OW INTURY OCCUR	RED.	_
is marked D BY PI	1 Natural 5 Pending 2 Accident Investigat 3 Suicide 6 Could no	26s. PLACE OF INJ	URY — Al home, farm,	M 1	YES 2 NO	281. LOCATION (St	eet and Number or	Rural Route Number,	een seth
90 III	4 Homicide determine	d .	City or Town, State) ue to the cause(s) and manner as stated.						
IMPORTANT: If Item 2 D BE COMPLET	one) 2 MEDICAL EXA	MINER: On the beals of examin							
TO BE	29b. SIGNATURE AND TITLE OF CERT	altan			29c. LICENSE NUM	1464	29d. CATE S	FIT GZ	
	30. NAME AND ADDRESS OF PERSON	- RIVER N	154C 12	Print)	BALTIN	10120	MD	21221	
	31. DATE FILED (MONTH, Day, Year) APR 2 0 1992	32. REGISTRAR'S S	- Handale						
	5							DHMH-18 Rev	1/89





2. DATE OF DEATH

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Virginia E. NEWCOMER						2. DATE OF DEATH APT. 19, 1992			3. TIME OF DEATH 2:35 P	
4. SOCIAL SECURITY NUMBE 213-05-1035		5. SEX 1 M 2 F	AGE (In yrs. In		IF UNDER 1 YEA		7. DATE OF (Month, De Aug 0	ny, Year)	Count	PLACE (State or Foreign
De. FACILITY NAME (If not inst	Tution, give stre	net and number)			9b. CITY, TOW	/N OR LOCATION OF D			c. COUNTY OF D	
5900 Frankl:	in Ave	nue Apt.	3-B		Balti	more			Baltimo	
	0b. COUNTY			10c, CITY,	TOWN OR LO	CATION				10d. INSIDE CITY
Maryland Do. STREET AND NUMBER	Balti	more		Bal	timore	101, ZIP CODE		140	OTHER OF	1 YES 2 NO
5900 Frankl:	in Ave	nue Ant.	3-B			21207		100	U.S.A	
I. MARITAL STATUS		12. WAS DECEDENT		RMED	19 WAS 1	DECENDENT OF HISPA	NIC OBICINO M	Sanda Maria		American Indian,
Never Married 2 XM Widowed 4 Divorc	arried	FORCES? 1 [	YES 2	NO	If yes,	epecify Cuben, Mexico (ES 2 NO Specif	an, Puerto Rica	n, atc.)	Black	k, White, etc.
15. DECEC	ENT'S EDUCA	TION	18a. DE	CEDENT'S U	SUAL OCCUP	ATION	16b. KIP	ND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-1: 12th		College (1-4 or 5+)		Do NOT use		most of working	F	ood -	Restau	rant
FATHER'S NAME (First, Mide	fle, Last)					18, MOTHER'S NA	ME (First, Midd	le, Maiden Sum	name)	
Edward Rola	nd T	AYLOR				Florence	e Eliz	abeth	ELLING	SWORTH
e. INFORMANT'S NAME (Type Hobart NEWC)			19			ot and Number or Rural				07
e. METHOD OF DISPOSITION	Y		20b. PLACE		DISPOSITION		OATE		ION — City or To	wn. State
☐ Burlel 2 ☐ACremation ☐ Donation 5 ☐ Other (S	3 ☐ Remov	el from State	cemetery, cre	matory or other					imore, M	
SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	1,	1	22. NAME	AND ADDRESS OF FA	CILITY			
3. PART i. Enter the dise	us C	epora	litte		4107	rd H. Hub Wilkens	Avenue	Balt	imore.	
equentially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury lat initiated events	ite	DUE TO (OI	R AS A CONSEC	DUENCE OF):						
eaulting in deeth) LAST	d.,									-
ART ii. Other significent						ing ceuse given in	Part i. 24a	. WAS AN AUTO		WERE AUTOPSY FINDIN
OREA	VIC	BRAIN J	YNOR	OME			1[	YES 2		MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
WAS CASE REFERRED TO I	EDICAL				28.	PLACE OF DEATH (Ch	eck only one)			
EXAMINER?		OSPITAL:	R/Outpatient 3		OTHER:	21		aciful		
	nding estigation	28a. DATE OF IN. (Month, Day,	JURY	28b. TIME	OF 28c.	NJURY AT WORK?		BE HOW INJUS	RY OCCURED	
- I recount				- At home, term, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			oute Number,	
e. CERTIFIER (Check only one) 1 CERTIFICATION 2 MEDICA	ING PHYSICIAL EXAMINER:	N: To the best of my	knowledge, da	ath occurred	at the time, d	ate and place, and due	to the cause(s)	) and manner of	es stated.	and manner as stated
L SIGNATURE AND TITLE OF	CERTIFIER					29c. LICENSE NUA				(Month, Day, Year)
Walter	1. a	et, no	Famil	, phy	sician	D206	46	•		20, 1992
or. Walter A	EMSON WHO	OMPLETED CAUSE	OF DEATH (ITE	4 27) (Type, P	rint)	MD 2122	9			
DATE FILED (Month, Day, Yea		32. REGISTRAR		Dart	I IIIO L C	7110 2122	- 7			
	2201		hia David	and the	yell					

BALLIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1. 2, 3 should the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 88/60, BALLIMOHE, MARYLAND 21215-0020	HOSPIAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the item within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME			NTAL HYGIEN REG. NO.	E	10024		
	1. DECEDENT'S NAME (First, Middle, Last) HENRY		iver fet	<del>-</del> -		DATE OF DEATH	NY Y	S. TIME OF DEATH  2 /2 30 A M		
	4. SOCIAL SECURITY NUMBER 219-18-9647	10 M 2 X F 68	YRS. MONT		HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	22	BIRTHPLACE (State or Foreign Country)  Tyland		
TOR	96. COUNTY OF DEATH  Harbor Hospital Center  Balto.City, Md.  96. COUNTY OF DEATH									
DIRECTOR	Maryland -	ry	Balto.City, Md.				10d. INSIDE LIMITS: 1 🔀 YES :			
FUNERAL	1532 Light	St.		101. ZIP CODE 21230				SA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 300					Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondery (0-12) 8th.Grade	UCATION 1s completed) College (1-4 or 8+)	6a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin Homema)	f work done during most of working use retired.)			6. KIND OF BUSINESS/INDUSTRY  Own Home			
OME	17. FATHER'S NAME (First, Middle, Last)		TOMEMO	101	18. MOTHER'S NAME (First, Middle, Maiden Surname)					
BE C	Harry	Brehm	1		Della Mack					
TO E	Patsy L.Pletze	r	196. MAILING ADDR 2515	Bang	er St.Ba.	Number, City or Town 1 to . Md .	7, State, Zip Co 2123			
	20e. METHOD OF DISPOSITION 3. Removel from State 4 Donation 3. Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Centerly Cremetory or Disposition (Name of Centerly 4/17 20c. LOCATION - City or Town, State A. A. CO. Md.									
	21. SIGNATURE OF FUNERAL SERVICE L	a Haylo	>	McCU	_	Balto ra1 Hom	e,130	E.Fort Ave		
	23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Metast	iatic A	lela	de of dying, such as	cerdiac or reapi	ratory srrest	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  LOS IS  DUE TO (OR AS A CONSEQUENCE OF):  LOS IS  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART ii. Other significant conditio	na contributing to death but	not resulting in the	underlying	cause given in Part	I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
SICI	26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. WINDERT OTHER:  1   Inpatient 2   ER/Oulpetient 3   DOA									
BY PHYSICIAN:	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  28s. TIME OF INJURY WORK?  1 Netural 5 Pending Investigation  1 Netural 1 Pending Investigation  28s. TIME OF INJURY WORK?  1 YES 2 NO									
	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIE		,		29c, LICENSE NUMBER			ONED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WITH A Shraf Badi	HO COMPLETED CAUSE OF DEATH	S. Have	rec (	ct. Bac	to . M.C	).2	1230		
	31. APR 200 1992	द्वारी अंद्र स्थान स्थान	4582							

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VISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL CHALITY ON SPHYSICIAN: The law requires that the death certificate be executed within control after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRA	R AME (First, Middle, Last)		0 1	ERTIFIC	CATE OF	DEATH		REG. NO.		3.	TIME OF DEATH
E	STHE	. 7	PAG	FE			MONT		0	YEAR	TIME OF DEATH
4. SOCIAL SECUR	8-7061	5. SEX	6. AGE (in yrs. is		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	of BIRTH 1, Day, Year) 23-3	_	Country)	CE (State or Foleign
	AE (If not institution, give		11		9b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF OEATH			
	P COUNTY	GENERA	C HOSPI	IAC	Columbia			HOWAR			D
10a. STATE	10b. COUNT	ry			TY, TOWN OR LOCATION						I. INSIDE CITY
MARY CANO B				BAC	ALTIMORS			40- OUTSTEN OF N			YES 2 NO
_	HILMAK	R4			101. ZIP CODE			US A			COUNTRY?
11, MARITAL STAT	rus ed 2 Married	12. WAS DECEDED	NT EVER IN U.S. A 1 YES 2 WAR OR CATES	PMED TNO	If yes, s	CENDENT OF HISPAP pecify Cuben, Mexica S 2 NO Specify	in, Puerto I			14. PACE — Black, W	American Indian, hite, etc.
	15. OECEDENT'S EDI	UCATION le completed	16a. D	DECEDENT'S U	ISUAL OCCUPATI	ION part of working	16b	, KIND OF BUS	SINESS/INDU		
	condary (0-12)	College (1-4 or 5	+)		nk done during m retired.) MS MA			H	oms		
	DAVID	Moore				TREN	16	GOD	SEY		
	S NAME (Type/Print)	en mess				and Number or Rural					1 22
20a. METHOD OF 1 Burial 2 M	pisposition Cremation 3 - Res		20h PLAC	E OF DISPOSE	TION (Name of or	no vantament vantame	-	200 10	CATION C	New or Town	1d. 21117 State
		206. METHOD OF PISPOSITION  1 Buriel 2 M Cremation 3 Removal from Biate 4 Donation 6 Dither (Specify)  206. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  METRO CREMATORY, THE CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  METRO CREMATORY, THE CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  METRO CREMATORY, THE CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  METRO CREMATORY, THE  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  METRO CREMATORY, THE  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory or other place)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery, crematory)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION (Name of cemetery)  22c. LOCATION — City or Town, State  CATUMENT DISPOSITION —									
23. PART I. En	net the diseases, for	complications	V-		BALT	Tinsco.	WA	212	ic		Approximata
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumadc event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

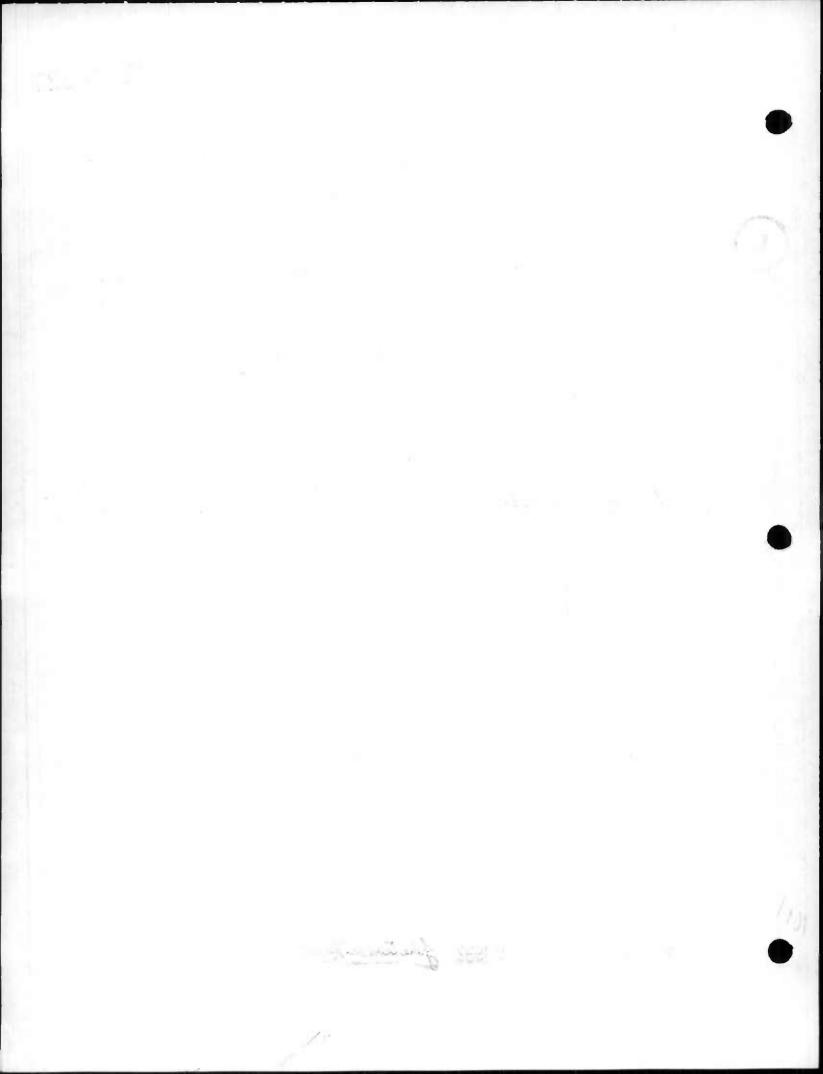
REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	).	
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
DONALD Augu	stus	OUARLES			MONTH 1		EAR
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	April 9		
220-20-8156	1 XM 2 F	61 YRS. MO	NTHS DAYS	IOURS MIN.	(Month, Day, Year) Dec 9 19		BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give str  3814 Ridgewood RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland		91	Baltir			9c. COUNTY	
106. STATE 106. COUNTY		10c. CITY, T	OWN OR LOCATIO	N			10d. INSIDE CITY
		Bal	Ltimore	9			TYES 2 NO
	10e. STREET AND NUMBER 3814 Ridgewood Avenue			101. ZIP CODE 2.1.2.1.5			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS 1 Never Married 27 Married 12. WAS DECEDENT EVER IN FORCES? 1 10 YES		U.S. ARMED  13. WAS OECENDENT OF HISPAN  15. WAS OECENDENT OF HISPAN  16. yes, specify Cuban, Mexican				. RACE — American Indian, Black, White, atc. Specify:
	ATION	18a. OECEDENT'S USI	IAL OCCUPATION				Black
(Specify only highest grade of Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  (Give kind of life. Do NOT				16b. KIND OF BU		
17. FATHER'S NAME (First, Middle, Last)	ollege	Teac					Public Sch
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190 INFORMANT'S MANE (Too (Print)		19h. MAII ING AD	DRESS (Street and	Gert:	rude Ande	erson	
Sarah E. Quarle	e						
20a. METHOD OF DISPOSITION		1 3014 P				nore, Nocation - city	ID 21215
XX Burial 2 ☐ Cremation 3 ☐ Remort	ral from State	emetery cremetory or other	nlecel		1		
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Arbutus m	22. NAME AND	L Park	4/16 Ba	Ltimor	e Co, MD
+ cerber 8	mute	11>	2501 Balti	Gwynns	Nutter Falls I MD 212	Fune	ral Homes In
iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	META S	TATIC S A CONSEQUENCE OF):	co	LON	CANC	ER	Onset and Death
Sequantially fist conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF):					
that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE OF);					
	contributing to death	but not resulting in ti	na underlying c	ause givan in			24b. WERE AUTOPSY FINDINGS
PART II. Other significant conditions					PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL							
EXAMINER?	HOSPITAL:		HER:	E OF DEATH (Che	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 26b. TIME OF	28c. INJURY	/ AT	28d. OESCRIBE HOW	NJURY OCCUR	ED
1 Natural 5 Pending 2 Accident Investigation	(MOINI, Day, real	INJURY	M 1 YES	2 NO			
	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stree	t, factory, offica		281. LOCATION (Street City or Town, State)		Burel Route Number,
29a. CERTIFIER (Check only one)  2 MEOICAL EXAMINER:	AN: To the best of my kno	owledge, death occurred at	the time, data and	d place, and due	to the cause(a) and ma	nner as stated.	ruse(s) and manner sa stated.
	1	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA					
Mulater	hu N	D		D290	71	DATE SI	GNEO (Month, Day, Year)
RI KRISHNAM, N	COMPLETED CAUSE OF I	NEUTA	+W 57	#301	BALTI	MUL	E MD 2/20/
APR 20 1992	32. REGISTRAR'S SIG	MATURE Handale					



3961 94

	Vermer Page 1, 2, 3 should
	DIVISION OF VITAL RECORDS FOR BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train form. Page 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It flem 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
10	TO THE H TO THE FE DE MED W MPORTY

	1 - REGISTRAR	CERTI	ICATE O	F DEATH	I III	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH			3. TIME OF DEATH	
	PAUL E. RUARK				4	MONTH /15/92 DA	NY.	YEAR	м	
		NGE (In yrs. last birthday			HRS. 7.	DATE OF BIRTH		a. BIRTHP	LACE (State or Foreign	
	212-07-4279   1X M 2 □ F	73 YRS.	MONTHS DAY	HOURS M	AIN.	3729719		Country)	Md	
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION	OF DEATH		9c. COUN	TY OF DEA	NTH	
DIRECTOR	2669 West Park Drive		Baltimore Baltim					timo	ore	
Sign of	10a. STATE 10b. COUNTY	10c. C	TY, TOWH OR LO	ATION						
E	Maryland Baltimore	1000					10d. INSIDE CITY LIMITS?			
	104. STREET AND NUMBER		Baltimore Too. ZIP CODE					1 ☐ YES 2 ☑ NO  10g. CITIZEN OF WHAT COUNTRY?		
ER	2669 West Park Drive		21207					U.S.A.		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV		13. WAS D	ECENDENT OF H	IISPANIC C	ORIGIN? (Specify Yea			American Indian.	
BY F	1 Never Married 2 Married FORCES? 1 X IF YES, GIVE WAR C		II yes,	specify Cuban, M	laxican, Pi Specify:	uerto Rican, atc.)		Black, 1	White, etc.	
	I WW II							4,000,000	White	
1	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT' (Give kind on life. Do NOT	S USUAL OCCUPA work done during	TION most of working		16b. KIND OF BUS	INESS/IND	USTRY		
PE	Elementary/Secondary (0-12) Coilege (1-4 or 5+)		hine O	perato	or	We	ster	n El	lectric	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)									
	Oliver G. Ruark			Sad	ie '	First, Middle, Maiden S Virgini	a Pa	rks		
BE (	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street			Number, City or Town				
5	Carole Hull					Balto,			7	
	20a. METHOD OF DISPOSITION 1  Burlal 2 □ Cremation 3 □ Ramoval from State	20b. PLACE AND DATE	OF DISPOSITION					City or Town		
	4 Donation 5 Other (Specify)	Lorrain			1	4/18 Ba			10000	
	21. SIGNATURE OF EUNERAL SERVICE LICENSEE		22. NAME	AND AGORESS O	OF FACILIT	Y				
	Hulleys Stock	M00550	Ste	rling.	Ash	ton Fund	eral	Hom	e, Inc.	
	23. PART i. Enter the diseases, or complications that causing a hock or heart fallure List only one	sed the death. Do	not enter the n	node of dying,	auch sa	AVE I	atory arre	Md	21228 Approximate	
	IMMEDIATE CAUSE (Final	on each line.		1		wa			interval Batween Onset and Death	
	disease or condition resulting in death)	uae	000	gra		uco	ou.	ear		
	OUE TO (OR /	S A CONSEQUENCE	FI: 25	1 PV V	9 0	Lee 1	1			
ON	Sequentially list conditions,									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	S A CONSEQUENCE OF	and	2 11	7/1	ester	coel	de		
임	CAUSE (Disease or Injury that initiated events	S A CONSEGUENCE?	n. A.	- 0	/			- 17		
E	resulting in death) LAST	101 10	1000	rse						
	PART II ON 1 1 III								1	
DICAL	PART II. Other algnificant conditions contributing to deat	h but not reaulting	in the underlyi	ng cause giver	n in Part	24a. WAS AN A			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
	- Grand of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	, zer				1   YES 2	NO	CC	OMPLETION OF CAUSE F DEATH?	
Σ								1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL									
SIC	EXAMINER?  1 YES 2 W NO HOSPITAL:  1 hopetient 2 ERX	N	OTHER:	PLACE OF GEATH						
PHYSICIAN: ME	27. MANNER OF GEATH 26s. DATE OF INJUS	RY 28b, TIR		me 5 Residen		Other (Specify)  . OESCRIBE HOW IN.	ILIDY OCC	IDEA		
ВУР	1 Natural 5 Pending (Month, Day, Yes	(r) 1N	JURY W	YES 2 NO		. TEGORISE HOW HE	JOH! OCC	MEO	i i	
	3 Suicide B Could not be 26s. PLACE OF INJ	JRY — At homa, farm,	atreal, lactory, off			LOCATION (Street an	d Number o	or Rumi Anus	te Number	
TED	4 Homicide detarmined building, atc. (6	specny)			-	City or Town, State)				
P.E.	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kr	owledge, death occur	ed at the time de	a and place, and	due to th	a course(a) and many				
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of axaming	ition and/or investigation	on, in my opinion,	death occured at	t the time,	data and place, and	dua to the	cause(a) a	betste es sennen br	
	196. SIGNATURE AND TITLE OF CERTIFIER	× 1//		-29c. LICENSE						
BE	Miller	7	(	209	29	73	D S	SIGNEDIM	onth, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type	Print)	.// 4	1.	A	1		/ / -	
	RATAELH MARIN, M.D	3455	WILKE	YS AUZ	5 1	BAH. 1	MS	31	229	
	31. DATE FILED (Month Tow Year) 32. REGISTRAR'S SI	GNATURE .								
	APR 4 U 199	6 guras	Sevidon-1	ongales						



the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be second within 24 hours after death. Play is may be retained by the hospital or after	<ul> <li>TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and the individual of the last after death with the State Deat of Health and Mental Horizon Business and the individual of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of</li></ul>	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	T.	

Todd M. Koelling

m.D

of Applies was signatures

273171944 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle Lest) 2. DATE OF DEATH ROGERS MARGARET 04 18 1992 1:15 a.m. 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN 1 M 2 KF 218-42-6575 VRS 47 Maryland 2-31-1944 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3701 Centre Place U.S.A 21224 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married SpeceW White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. ntery/Secondary (0-12) College (1-4 or 8+) 4th Packer/Homemaker Goetze Candy Store 17. FATHER'S NAME (First, Middle, Leal) 18. MOTNER'S NAME (First, Middle, Maiden Surname, Dunnigan Mary Regina Weinhold BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy O. Perkins 3701 Centre Place Baltimore, Md. 21224 20e. METNOD OF DISPOSITION
120 Burlet 2 Cremation 3 Removal from State
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Md. Veterans Cemetery 4-21 Crownsville, Md. 22. NAME AND ADDRESS OF FACILITY Joseph N. Zannino Jr. Funeral Home 263 S. Conkling Street Balto. Md.2 Md.21224 f. Enter the disease shock, or heart fa one that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata one cause on each line Interval Batween IMMEDIATE CAUSE (Final-**Onest and Death** Fungal Brain DUE TO (OF) & A CONSEQUENCE OF): disease or condition resulting in death) abscesses 8weeks Human Thumunodeficiency Virus Infection CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS Chronic Simesitis, Mycobacterium Avium Intracellularare 1 - ves 2 2 No AVAILABLE PRIOR TO COMPLETION OF CAUSE meetin, CMV retinitis, Preumocystis preumonia OF DEATN? 1 - YES 2 NO dementia PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER 1 TES 2 PLNO Appetient 2 - ER/Outpatient 3 - DOA ng Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, date end place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE welling mD dam. To 4/18/92 J2032 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Johns Hopkinstospital,

2-164-00-85

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RASGAREY

DHMH-18 Rev 1/89

Bultimore, MD 21205

Fungal Strain Altregues Snake thorn-Immuntifferiney Virus Leiftrefi n. Bountle Cherry's Soussifies, Mayortanterisson Abersonal Wasserstlada Markers y Cores et building Passersonagethis phistosauronis. Lold Midden 100 -26/31/10 25055 Fold in Keelling me D Schnetlighen Shopitel, Bultmore, mp 212:5

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netitied at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH									3. TIME OF DEATH					
	THOMAS		Н			RAY	NOR	. JR		MONTH 04	DA	19	YEAR 92	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER			R 24 HRS.	7. DATE OF	BIRTH	19		IPLACE (State or Foreign
	216 16 812		1)XXM 2 □ F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug.		1922	Counti	w ryland
~	Ba. FACILITY NAME (If not in		The second				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
DIRECTOR	NORTH AR	UNDEL	HOSPITAL	ASSOCIA	ATION		GLI	EN BU	JRNIE				Α.	A. COUNTY
<u>پر</u>					10c. CIT						10d. INSIDE CITY			
	Maryland	Anne	Arundel			Pasadena						1 YES 2 NO		
FUNERAL	117 Maryl	and Av	<i>7</i> e.			101. ZIP CODE 21122				10g. CITIZEN OF WHAT COUNTRY? United States				
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEOENT EVER IN U.S. ARM FORCES? 1 V VES 2 N IF VES, GIVE WAR OR DATES  WO'LD WAT II			MED 40	If yes, specify Cuban, Maxican, Puerto Rican, atc.)					E — American Indian, k, White, etc. My: White				
		EOENT'S EDU			CEDENT'S				0.7	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 +	) life.	ire	e retired.)		or or working	·y	TT	S. G	OUCE	nmon:	
Š	10 17. FATHER'S NAME (First, M	licidia Last)			ITC	rign	rer	40 1407	LATTO 10 ALAA	NE (First, Midd			ımen	
BE C	Thomas		н.		ynor			H	dna		May			Reid
5	Joseph J. R			191	94 M	etis	pa D	nd Number	or Aurai A Seve:	oute Number, o	City or Town	n, State, Zip MD	211	46
	20a, METHOD OF DISPOSITI	n 3 🗆 Rem	oval from Stata	cemetery, cre HOLY	matory or ot	her place)			/22/	OATE		cation – 1tim		
	21. SIGNATURE OF FUNERA		CENSEE	TIOLY C	1.000	22.	NAME AN	D ADDRE	SS OF FAC	ILITY				
	> State	XX	Styler	m		McCully Funeral Home of Pasadena Pasadena, MD 21122  o not enter the mode of dying, such as cardiac or respiratory errest, Approximata								
HILICATION	anock, or he anock, or he anock, or he anock, or he disease or condition resulting in death)  Sequentially list condition and the anock, and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and the anock and t	dona, diate	a. Oue to Due to c.	(OR AS A CONSEC	DUENCE OF	7:								Interval Batween Onget and Death
5			d											
MEDICAL	PAH1 II. Otnar aignifica	PART II. Other eignificant conditions contributing to death but not resulting				n the un	derlying	j cause (	given in F		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A N	25. WAS CASE REFERRED TO	MEDICAL					00.00	100 01 0						
	EXAMINER?		HOSPITAL:	FR/Outpatient 3	□ DOA	OTHER	t:			ck only one)				
Y PHYSICIAN:	27. MANNER OF OEATH	Pending	28a, OATE OF (Month, Da	INJURY	28b. TIME	OF	26c. INJU	JRY AT		Other (Sp 26d, DESCRI		JURY OC	CURED	
IED BY	3 Suicide 6	- building ste (Specify)			me, farm, s	M 1 YES 2 NO  Tm, street, factory, office  28f. LOCAT City or			201. LOCATIO City or To	N (Street a wn, State)	nd Number	or Aural A	loute Number,	
COMPLETED			CIAN: To the best of ax											) and manner as stated.
0 0 0	30. NAME AND ADDRESS OF	Vell	7 0	Kh.	n	Print		D .	200	094		▶ ()	4/1	992
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١	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		7	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Country)	Foreign
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	10a, STREET AND NUMBER	-		DA	Him	ZIP CODE		T 100 CITITES	1 TYES 2	
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	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			NO Specif			Specify: R	
	15. DECEDENT'S EDUC	ATION	16a. DEC	EDENT'S USUAL			16b. KINO OF BU	SINESS/INOUS	TRY	
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			_ M	achine		PERATO				
	17. FATHER'S NAME (First, Middle, Last)	ith				18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)		
	19e. INFORMANT'S NAME (Type/Print)			MAILING ADDRE	SS (Street end	1 Number or Rural	Route Number, City or Tow	m, State, Zip Co	de)	
	JOSIE M.	Smit	h	8 N 1	4 sbu	IFTON	ST BA	110.1	NJ. 21:	223
	20e METHOD OF DISPOSITION 1  Buriel 2  Cremation 3  Remo	wal from State	20b. PLACE	AND DATE OF DIS	SPOSITION (I	Name	DATE 20c. LO	CATION — CH	or Town, State	6.0
	4 Donation 5 Other (Specify)		GACC	1201 1-	-Dreel	Vel. C	1 20 C	NO rig	s Mills,	INO.
١	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		2	2. NAME AND	ADDRESS OF FA	1206	, W. 7	Voith ?	to 6
4	P///h) /0. /					-				
	23. PART I. Enter the disesses, or coshock, or heart failure. L IMMEDIATE CAUSE (Final disesse or condition resulting in death)	lst only one cau		YOCAR			ch as cardiac or resp	On Mun	t, Approx Interval	imste Betweer and Deati
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	TE M	VOCAV.  JUENCE OF):			ch as cardiac or resp		t, Approx Interval	Imste Between
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	shock, or heart feilure. L  IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide 8 Could not be 4 Check only One) 2 MEDICAL EXAMINE!  29b. 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PLA  ER: dursing Home  28c. INJU  1  YE sectory, office  the time, date of any opinion, de-	cause given in  CE OF OEATH (C  5  Residence RY AT IK? ES 2 NO  and place, and du  ath occured at the	Part I. 24a. WAS APPERFO 1 YES:  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, Steet to the cause(e) and main time, date and place, e	N AUTOPSY RMED? 2 NO INJURY OCCUR and Number or i)	24b. WERE AUTOPS AMAILABLE PRI COMPLETION OF DEATH? 1 YES 2	Imste Betweer and Deati  Y FINDINGS OR TO OF CAUSE NO

E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1.23 shows any injury, or other traumatic event the medical examiner much he notified at once
R ATTENDING PHYSICIAN: The law requires that the death	E FUNERAL DIRECTOR: After this certificate has been signed by the atte 1 within 72 hours after death with the State Dept. of Health and Mental	RTANT: If Item 28 is marked, or item 23 shows any injury.
E HOSPITAL (	FUNERAL D	RTANT: IF IL

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			ENTAL HYGIENE REG. NO.		
		stevenso	0			2. DATE OF OEATH	93	3. TIME OF DEATH 9:50PM
	4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 F 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  9a. FACILITY NAME (If not institution, plue street and number)  9b. CITY, TOWN OR LOCATION OF					7. DATE OF BIRTH (Month, Day, Voar) 7-27-28	Sour	th Carolini
DIRECTOR	RESIDENCE OF DECEDENT					TH 9c. (	COUNTY OF D	EATH
	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION BALTIMORE			10d, INSIDE CITY LIMITS? 1 TES 2 1 NO		
FUNERAL	100. STREET AND NUMBER 727 Dould PKI 11. MARITAL STATUS		Apt.	14 :	21217		U.S.A.	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	I2. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	K NO	if yes, sp	ENDENT OF HISPANIC ecity Cuban, Maxican, 2 X NO Specify:	CORIGIN? (Specify Yea or No Puerlo Ricen, etc.)	- 14. RACI Blaci Speci	E - American Indian, k, White, atc. My: BLACK
COMPLETED	15. DECEOENT'S EOUCAI (Specify only highest grade co	TION 18a mpleted) College (1-4 or 5+)	Give kind of work life. Do NOT use re	done during mo stired.)	DN st of working	16b. KIND OF BUSINESS	3/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest)  JOHN H. DANIELS				18. MOTHER'S NAME CARRIE E	E (First, Middle, Maiden Suman	ne)	
TO B	19a. INFORMANT'S NAME (Type/Print) DENNIS ALLEN GRAU	T				LTIMORE, MD		
	20e. METHOD OF DISPOSITION  MX Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	remeter webs	TERN ST			OATE 20c. LOCATION		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	T. K. 90.	nes	WM.C.M		/1101 E. NO		'ENUE
	23. PART I. Entar the diseases, or cor ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the st only one cause on each  Or duar C  DUE TO (OR AS A CO)	lina,		da of dying, such	as cardiac or respiratory	arrest,	Approximate interval Between Onset and Death Munuta
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Raviol S DUE TO (OR AS A CO	SEQUENCE OF:	noteni to year	ast & 9	mo again	Ceft (	48 hors Weeks
MEDICAL	Exertensin	contributing to death but n Menal disse Tes	not resulting in the second	9an		11 1. 24e. WAS AN AUTOP PERFORMED?  YES 2 (LIMO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 Z NO
HYSICIAN	1 YES 2 NO 1	IOSPITAL:		THER:	ACE OF DEATH (Check			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M Y	URY AT RK?	Bd. OEŞCRIBE HOW INJURY	OCCURED	
ETED	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — A building, atc. (Specify)	/	70000 1000	4	City or Town, State)		loute Number,
COMPLET	290. CERTIFIER    GERTIFYING PHYSICIA   MEDICAL EXAMINER:	N: To the best of my knowledge On the bests of examination and	, desth occurred a l/or investigation, in	t the time, date n my opinion, de	and place, and due to eath occured at the tin	the cause(a) and manner as ne, data and place, and due t	stated. to the cause(s	) and manner as stated.
TO BE	29b. SIGNATULE OF CERTIFIER	in Shal	M	0	D 24	592 D	DATE SIGNED	Month, Day, Years 92
	30, NAME AND ADDRESS OF PERSON WHO O	MD 16	00 C1	alen ;	Huy.	51 + 401 G	- lon B	erne 21061
	APR 2 0 1992 4ul	32 REGISTRAR'S SIGNATUR	DC-		1			

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_	1 - STATE REGISTRAR		CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO. 30	9,23910832
	1. DECEDENT'S NAME (First, Middle, Las	ANA	E ALEXANI	DER SWANN	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 332-18-3560		E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. FONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
e .	9a. FACILITY NAME (II not institution, give		0/	9b. CITY, TOWN OR LOCATION OF OI	11-03-04 EATH 9c. CO	Russia UNITY OF OEATH
DIRECTOR	RESIDENCE OF DECEDENT	VICIL CE	NILIC	BALIMORE	C117 B/	WIMORE CITY
	Maryland 10b. coun	TY .		1timore		10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER	0.4		10f. ZIP CODE	18g. Cl	TIZEN OF WHAT COUNTRY?
CNE	3313 Popular 11. MARITAL STATUS	12. WAS DECEDENT EVER		21216	IC ORIGIN? (Specify Yea or No-	U.S.  14. RACE — American Indian,
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YE IF YES, GIVE WAR OR 9/26/42-1	DATES	If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Black, White, etc. Specify: White
ETED	15. DECEDENT'S EL (Specify only highest gra- Elementary/Secondary (0-12)	(UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	16b. KINO OF BUSINESS/IN	DUSTRY
COMPL		Conego (14 or 54)			Movie s	tudio
	17. FATHER'S NAME (First, Middle, Last)  Alexander Sw	ann			ME (First, Middle, Malden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Rural I		
-	Autumn Garden	Nursing H	ome 3313	Poplar St.		
	20a, METHOD OF DISPOSITION 1 IN Buriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		Garris	on-Forest Cem	1	more Co., MD
	21. SIGNATURE OF FUNERAL SERVICE I	ASSAL I		Irvin Carr	oll Funeral North Av.	Home
TION	23. PART I. Entar the diseases, or ahock, or heart failure immEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. ESOPHA  DUE TO (OR AS	each line.	t enter the mode of dying, such		rest, Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c. OUE TO (OR AS	A CONSEQUENCE OF):			
MEDICAL	PART II. Other significant condition	ons contributing to death	but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	
ä				and an arrangement of the second green in	PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Che	PERFORMED?  1 YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: I		1 Inputtant 2 ER/Ou 26a. DATE OF INJURY	tpatlant 3 DOA 4	26. PLACE OF DEATH (Che  THER:  Nursing Home 5 G Residence  DF 28c. INJURY AT	PERFORMED?  1 YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
BY PHYSICIAN: I	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	26. PLACE OF DEATH (Che DTHER: Nursing Home 5   Residence PE 28c. INJURY AT WORK? M 1   YES 2   NO	PERFORMED?  1 YES 2 NO  Nock only one)  6 Other (Specify)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
D BY PHYSICIAN:	EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Neturel 5  Pending	26a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4  26b. TIME (INJUE)	26. PLACE OF DEATH (Che DTHER: Nursing Home 5   Residence PE 28c. INJURY AT WORK? M 1   YES 2   NO	PERFORMED?  1 YES 2 NO  Nock only one)  6 Other (Specify)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1  YES 2 NO
D BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  20a. CERTIFIER (Check only)	1 Inpettent 2 ER/Ou 26a. DATE OF INJURY (Month, Dey, Vear) 28a. PLACE OF INJUR building, etc. (Sp.	tpatient 3 DOA 4  26b. TIME INJUF  Y — At home, ferm, strancity  wiedge, death occurred	26. PLACE OF DEATH (Che DTHER: Nursing Home 5   Residence DF 28c. INJURY AT WORK? 1   YES 2   NO set, factory, office st the time, data and place, and due	PERFORMED?  1 YES 2 NO  1 YES 2 NO  6 Other (Specify)  26d. DESCRIBE HOW INJURY OC  26f. LOCATION (Street and Number City or Town, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO  CCURED  TO Rural Route Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  20a. CERTIFIER (Check only)	1	tpatient 3 DOA 4  26b. TIME INJUF  Y — At home, ferm, strancity  wiedge, death occurred	26. PLACE OF DEATH (Che DTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? 1 VES 2 NO set, factory, office	PERFORMED?  1 YES 2 NO  1 YES 2 NO  6 Other (Specify)  26d. DESCRIBE HOW INJURY OC  26f. LOCATION (Street and Number City or Town, State)  to the cause(s) and manner as ats tilme, deta and piacs, and due to til	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO  CCURED  TO Rural Route Number,
E COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined  29a. CETTIFIER (Check only one) 2 MEDICAL EXAMIN	1   Inpatient 2   ER/Ou  26a. DATE OF INJURY (Month. Dey, Year)  28a. PLACE OF INJURY building, etc. (Sp.  SICIAN: To the best of my knowners.  SICIAN: To the best of axaminath  ER: On the basis of axaminath	tpattent 3 □ DOA 4  26b. TIME (INJUS)  IY — At home, farm, stracelly)  wiedge, death occurred on and/or investigation,	26. PLACE OF DEATH (Che  THER:  Nursing Home 5   Residence  Pry M 28c. INJURY AT WORK?  1   YES 2   NO  ret, factory, office  st the time, data and place, and due in my opinion, death occured at the	PERFORMED?  1 YES 2 NO  1 YES 2 NO  6 Other (Specify)  26d. DESCRIBE HOW INJURY OC  26f. LOCATION (Street and Number City or Town, State)  to the cause(s) and manner as ats tilme, deta and piacs, and due to til	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1  YES 2 NO  CCURED  or or Rural Route Number,  ted.  te cause(a) and menner as stated.  (E SIGNED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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1	FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF	DEATH		rgiene eg. no.		
	1. DECEDENT'S NAME (First, Middle, Last)  PEARL  4. SOCIAL SECURITY NUMBER					2. DATE OF DI	12 9	YEAR 3. TIME OF	6 PM
	212-01-6491	1 □ M 2XXF 72	72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BI (Month, Day, 10-28-	1919	Mary land	
- L	•a. FACILITY NAME (If not institution, give a Harbor Hospital				or Location of D nore City		9c. COUNT	Y OF DEATH	
DIMECTOR	Maryland Balt	imore		ry, town on Loca	_{тюм} Highland	ds		10d. INSIDE LIMITS	CITY ? 2 M NO
LONEDAL	100. STREET AND NUMBER 4130 Annapolis				21227			EN OF WHAT COUNTY	71
	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	II yes, sp	CENDENT OF HISPA Decify Cuben, Mexic 3 2 NO Speci	an, Puerto Ricen,	ocify Yes or No- 1	4. RACE — American Black, White, atc. Specify:	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9th Grade	CATION completed) Coffege (1-4 or 5+)	(Give kind of life. Do NOT u		ON ost of working		OF BUSINESS/INDU	STRY	
	17. FATHER'S NAME (First, Middle, Last)  Joseph	Gooding	School	Aide		AME (First, Middle,	o. Co. So Malden Sumame) isher Goo		
2	Barge F. Smith		4130	Annapol	is Road;	Balto.	y or Fown, State, Zip C	227	
	20g. METHOD OF DISPOSITION  1 N Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cem	etery, crematory or o	of Disposition (Nother place)  Cemet  22. NAME A	ery 4-15	- 92		ore. Md.	
1			I the dasth. Do ech line.	237 E	Pataps	co Ave.	ully Fund , Balto., or reapiratory street	Md. 212	25 eximats el Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	MET AS TAT	CONSEQUENCE O		LLUNG	CARC	INOMA	1	year.
FICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	SYNOROME DUE TO (OR AS A	OF IN	in: APPROP in:		SECRET	ION OF		ween.
MEDICAL	PART II. Other significant condition	s contributing to death b	ut not resulting	in the underlyin	g ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 _ YES 2 _ NO	HOSPITAL:	etlent 3 🗆 DOA	OTHER:	LACE OF DEATH (CI		264		
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. IN.	JURY AT DAK? YES 2 NO	Y	E HOW INJURY OCCU	RED	
ETED	3 Suictde 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm,	atreet, factory, offic	:•	281. LOCATION City or Tow	(Street and Number or n, State)	Rural Route Number,	
COMPLE		CIAN: To the best of my knowl R: On the beele of exemination							es stated.
BE .	29b. SIGNATURE AND TITLE OF CERTIFIEF	Q M.P	_		29c. LICENSE NU D413			-17-92	
٩	DANIEL H.			Print)				, , ,	
3	APR 2 0 1992	32. REGISTRAR'S SIGNI	ATURE					<u> </u>	

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65	TO THE HOSPITAL OR ATTENDING	TO THE FL	2	MPORTANT !

	1 - FOR STATE REGISTRAR	OF MARYLAI			OF HEALTH		ENTAL HYGIENE REG. NO.		10004
	1. DECEDENT'S NAME (First, Middle, Last)					2	2. DATE OF DEATH	v ve	3. TIME OF DEATH
	Eleanor M. Sci					/	April 14.	1992	4:00 A M
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	IF UNDER 1	YEAR IF UNDE	R 24 HRS. 7	Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	220-09-3502 1 KXM 2  9a. FACILITY NAME (If not institution, give street end num		YRS.	9b. CITY, 1	OWN OR LOCAT	ION OF DEAT	11/24/19(	9c. COUNTY	Maryland
OR	110 Third Avenue,	21225					klyn Pk.)		ne Arundel
ווו	RESIDENCE OF DECEDENT  100, STATE 100, COUNTY		100 CI	Y, TOWN OR	LOCATION				I so I maior com
DIRECTOR	Maryland Anne Aru	ndel			Broo	klyn i	Park)		10d. INSIDE CITY LIMITS? 1 YES 2XX NO
FUNERAL	110 Third Avenue				10f. ZIP COO	1225			OF WHAT COUNTRY?  JSA
N.		ECEOENT EVER IN U	IS ADMED	12 94			ORIGIN? (Specify Yea		
BY	1 Never Married 2XXMarried FORCE		2 (XNO	И.	yes, specify Cub	en, Mexican,	Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, atc. Specify: White
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	1	6e. DECEDENT'S	USUAL OCC	UPATION	laa	16b. KIND OF BUS	INESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12) College (1 8th Grade	-4 or 5+)	Homem		ring most of work	ing	House	wife	
WC	17. FATHER'S NAME (First, Middle, Last)		TTOMCIN	-	16 MC	THEO'S NAME	(First, Middle, Meiden S		
E C	William Horstman				1177	Lena	Whitmar		stman
m	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (			rte Number, City or Town		
은	Mr. Anthony J. Scran						ltimore, M		
	20a. METHOD OF DISPOSITION  1 X) Burlal 2 Cremation 3 Removal from S  4 Donation 6 Other (Specify)	tate camet	LACE AND DATE	ther place)		4/1	1		or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Kevin E		22, N	ME AND ADDR	ES OF FACIL	Home of	TINOTE	, mary rand
	1		Lond	23	Cully 37 E. P	runera atapso	al Home of co Ave., E	Balto.	Klyn , Md. 21225
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only of	na that ceused t	he deeth. Do						Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	neta	station	B	Ma	t (	Dox 0,	J	Interval Between Onset and Death
		DUE TO (OR AS A C	ONSEQUENCE O	F):					1 1
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE O	(F):	. ^ (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			[month
FICA	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO OR AS A C	ONSEQUENCE O	E SON	lat	-00	een		
E	resulting in death) LAST			. ,-					İ
	DART II Oliver should be a second								
CAL	PART II. Other algnificent conditiona contribu	ling to deeth but	not resulting	in the und	erlying ceuse	given in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							_ 1 □ YES 2/	EZ NO	OF DEATH?
ž									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL:		OTHER:	26. PLACE OF	DEATH (Check	only one)		
ΥS		ent 2 ER/Outpeti		4 - Nursir			Other (Specify)		
ВУ РЬ		ATE OF INJURY Aonth, Day, Year)	28b. TIN	JURY M	Bc. INJURY AT WORK?		ed. OESCRIBE HOW IN	JURY OCCURI	EO
	3 Suicide 280. F	LACE OF INJURY — uliding, etc. (Specify	At home, farm,	street, factor	y, office	2	8f. LOCATION (Street or City or Town, State)	nd Number or F	tural Route Number,
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	best of my knowled	ige, death occurr	ed at the tim	e, data end plac	e, and due to	the cause(s) and many	ner en stated.	
COMPLETED	one) 2 MEOICAL EXAMINER: On the be								ruse(e) end manner ee stated.
BE (	29b. SIGNATURE AND TITLE OF CENTURER	1/1/	din	7	29c. LIC	ENSE NUMBI	ER (+)	29d. DATE SI	GNED (Month, Day, Mear)
5		ED CAUSE OF DEAT	H (ITEM 27) (Type	, Print)		1)/	)	7	111/10
	Dr. Russell R. DeLuc	a, M.D.	3001		Hanove	r St.,	, Baltimor	e, Mo	1. 21230
	APR 201992	GISTRAR'S SIGNAT	Pande 82						
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ID THE MOSPIAL ON ATTACKON, the faw requires that the opern centhear en excelled within 24 hours after death. Page 5 should be hospital or attending physician.  THE FUNESCHE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.  MPORTANT: It item 28 is marked, or item 23 shows any Inliury, or other traumatic event, the medical examiner must be notified at once.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH A	ND MEN	ITAL HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle, Last)	Sansone			2. 0	DATE OF DEATH	77	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 106-07-827/			NDER 1 YEAR IF UNDER 2	MIN.	ATE OF BIRTH Month, Day, Year)	- CO	HTHPLACE (State or Foreign unity)
חברוסם	98. FACILITY NAME (If not institution pive of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	THOSPI	LAL 96.	OWS	OF DEATH	MD	BA	L+imoRe
NINE.	Maryland	v — —		mn or location to.City,M	d.			10d. INSIDE CITY LIMITS? 1 [X] YES 2   NO
	18 E.Preston	St.		10f. ZIP CODE 2120	2		10g. CITIZEN E	F WHAT COUNTRY?
ים ומ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FDRCES? 1 YES IF YES, GIVE WAR DR D		13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 YNO	Mexican, Pu		8	ACE — American Indian, fack, Whita, atc. pecify: White
7	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th.Grade	CATION completed)  Cottege (1-4 or 5 +)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use reti Janito	lone during most of working ed.)		166. KIND OF BUS	to.Cit	
3	17. FATHER'S NAME (First, Middle, Last)	-1		18. MOTHE		irst, Middle, Malden	Surname)	n'
20	19a. INFORMANT'S NAME (Type/Print)	ohn	Sanson	PESS (Street and Number of	aria	Number, City or Town	. State, Zio Code	Rine
-	Mr.Marcus Sans		1841 S.	Charles S	t.Ba	lto.Md.	21230	
	20a. METHOD OF DISPOSITION  12 Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF DIS DETAIL CLOSS	position (Nama of Cemetery			CO.MO	
	21. SIGNATURE OF FUNERAL SERVICE LIC	a. Mark			uner	al Home	,130	.21230 E.Fort Ave.
No liver in	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR	CONSEQUENCE OF:	Disease H-Failu			otory arrest,	Approximata interval Between Onset and Death
ווורסוסטר סרי	PART II. Other significant condition	d	10	e underlying ceuse gi	ven in Part	I. 244. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 ☑ Inpetient 2 □ ER/Outp		28. PLACE OF OE/ HER: Nursing Home 5 - Resi				
	27. MANNEP OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?  M 1 YES 2	/ 28d.	DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, tarm, street,	tactory, offica	28t.	LOCATION (Street at City or Town, State)	nd Number or Rui	al Route Number,
		ICIAN: To the best of my know ER: On the besis of examination						e(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE  RICLAGY L. L.  30. NAME AND ADDRESS OF PERSON WH	1 KtRicum		D31	SE NUMBER	2	DATE SION	IEO (Month, Day, Yber) 15-92
	Richard L. Lir	thicum	D Squit.	Josepht	ospe	LD B	attime	re. Mdi
	31. DATE FILED (Month, Day, Year)  ADD 2.0 19	92 Suria Sain	dson-Randell					

DHMH-18 Rev 1/89

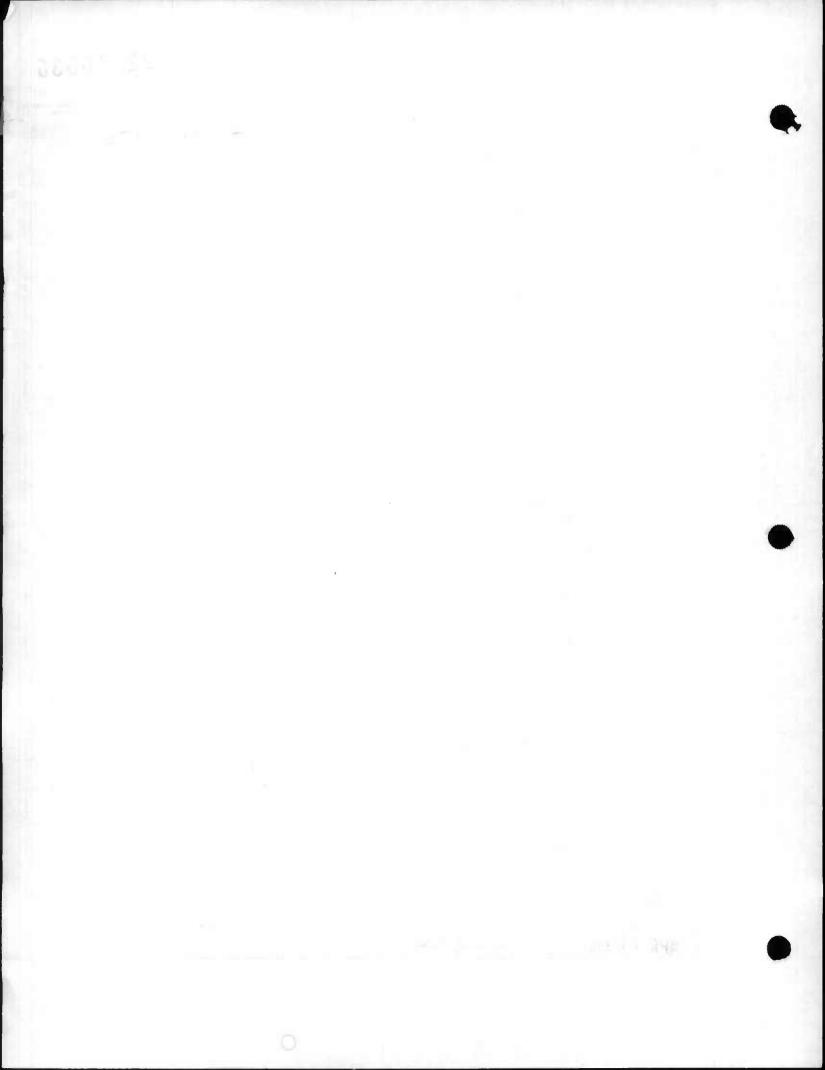
10.1

dependent in

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

						IOATE	- 01	DEA		HEG. NO			
	1. DECEDENT'S NAME (First,		ROBERT	LEROY	THOMA	AS S	R.			2. DATE OF DEATH MONTH D	-	42	3. TIME OF DEATH 630 Aum
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDE	24 HRS.	7. DATE OF BIRTH	-		PLACE (State or Foreign
	207 30 341	4	1 X M 2   F	51	YRS,	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 10/3/194		Country	sylvania
	9a. FACILITY NAME (If not ins		et and number)			9b, CITY	TOWN (	OR LOCATI	ON OF DE		_	TY OF DE	-
E	St. Agne	s Hospi	ita1					nore	Cit			====	
DIRECTOR	RESIDENCE OF DEC	EDENT					-			4			
RE	Manustane	10b. COUNTY				Y, TOWH C		TION		-			10d. INSIDE CITY LIMITS?
	Maryland		====		Bo	altim	lore						1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	ZIP COD			100		HAT COUNTRY?
Ä	410 South							212				S.A.	
5	11. MARITAL STATUS  1 Never Married 2 🕅		FORCES?	T EVER IN U.S. AL	RMED NO	13.	WAS DEC	ENDENT (	OF HISPAN	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divor		IF YES, GIVE V	MAR OR DATES		1	I TYES	2 KNO	Specify	- De designation		Specify	White
ED		EDENT'S EDUCA		16a, Di	ECEDENT'S	USUAL OC	CCUPATIO	ON		16b, KIND OF BU	SINESS/IND	USTRY	***************************************
	Elementary/Secondary (0-	highest grade of	College (1-4 or 5	+)	No NOT us	work done one retired.)	during mo	st of worki	ng				
4	10th Grad	е		0	dd Jo	bs				Churc	h		
COMPLETED	17. FATHER'S NAME (First, Mi							18. MOT		ME (First, Middle, Maiden	Sumame)		
BE		Ha	arold	Thomas					Doro	othy Iren	e Te	mple	
2	19a. INFORMANT'S NAME (7)			19	b. MAILING	ADDRESS	(Street a	nd Numbe	or Rural F	loute Number, City or Tow			
	Ethel Thom				410 8	s Be	enta.	Lou S	stree	et Balt	ımore	, Ma	ryland 2122
	20a. METHOD OF DISPOSITION 1 X Burlal 2 ☐ Cremetion	n 3 🗆 Remov	ral from State	20b. PLACE cemetery, cri		Abor atorol					CATION —		
	4 Donation 5 Other		NCEC	_   Glen	Have				Park	4/17 Gle	n Bur	nie,	Maryland
	THE STATE OF THE PARTY	) The	NSEE		1.					nce Funera	1 Hom	e P.	Α.
	Monno	N		neroce		4	1001	Rito	chie	Hwy. Balt	imore	, Md	
	23. PART I. Enter the dis	seases, or co	profications the	it caused the deuse on each line	eath. Do i	not enter	the mo	de of dy	ing, auct	as cardiac or reapl	ratory am	eat,	Approximata
	IMMEDIATE CAUSE (Fin												Onset and Daath
	disease or condition resulting in death)	<b>→</b> a.		OR AS A CONSE	SHO	ck							4-13-92
			DUE TO	(OR AS A CONSE	OUENCE O	F):	,						4-14-92
CERTIFICATION	Sequentially list condition	ons, b.	DUE TO	OR AS A CONSE	OHENCE OF	tail	we	. 4	/ C	Hronic			1-14-12
TA:	If any, leading to immed cause. Enter UNDERLYII												i
띮	CAUSE (Disease or Injur	y 6	DUE TO	OR AS A CONSE	OUENCE O	F):	·w	~ ,					
R	resulting in death) LAST	- d.											
	PART II. Other algolifican	et conditions	anatelliustas sa	denth had and	101	1 - 01						_	
EDICAL	IDDN		contributing to	death but not	resulting	in the un	dertyln	g cause	given in i	Part I. 24a, WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă		MI								1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ	(ght of	MIT								_			1 _ YES 2 _ NO
AN	25. WAS CASE REFERRED TO	MEDICAL					0.0 EV	ACE OF B	F 4 T 11 (C)			_l	
Sign	EXAMINER?  1 YES 2 NO	1	HOSPITAL:	ER/Outpatient 3		OTHER	₹:			ck only one)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF	INJURY	28b. TIM		26c. INJ		sidence	8 Other (Specify) 28d, OESCRIBE HOW II	NUMPY OCC	URED	
ВУ Р		Pending nvestigation	(Month, E	Day, Year)	INJ	URY	WO	AK?	NO				
	2 Calaba	Could not be	28e. PLACE C	OF INJURY — At he etc. (Specify)	ome, farm, :	street, facto	ory, offic			261. LOCATION (Street a	and Number	or Rural Ro	ute Number,
1		letermined		Hospital		ecu				City or Town, State)	tou A	ve ·	Balt MD
ا ڌ	29e. CERTIFIER 1 CERTI	FYING PHYSICI			eath occurr	ed at the ti	me, date	and place	and due	to the cause(s) and mer			
COMPLETED										time, data and place, an			and manner as stated.
E C	29b. SIGNATURE AND TITLE												Month, Day, Year)
	Wil	m V	Jux	M	Epilel	Recide	to	4	SZ4	382.08	▶ U	1410	
2		20000111110/				D-l-m						1	-
- 1	30. NAME AND ADDRESS OF				M 27) (Type,	PTHIE)							
			COMPLEXED CAN		900	, C	ato	^ /	Ane	Balton	su :	MD	21729
		Aguer	1 do Sp.		900	, C	ato	^ /	Ane	Balton	re i	MD	21729





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	1. DECEDENT'S NAME (First, Middle, Las REINA	_	IAGNER			2. DATE OF DEATH MONTH April 1	DAY YEAT	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	APTIL 1		RTHPLACE (State or Foreign
	216-32-8424 A		8 YAS.	MONTHS DAYS	HOURS MIN.	April 8, 18	Co	iryland
æ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF I		9c. COUNTY O	
CTOR	8727 Old Harf	ord Road		Balt	imore		Balti	more
DIRE	10a. STATE 10b. COUN		1000	TY, TOWN OR LOC	11			10d, INSIDE CITY LIMITS?
AL D	MD Ba1	timore	B	altimo	CC Of, ZIP CODE		10a CITIZEN O	1 YES 2 X NO
FUNER,	8727 Old Har	ford Road			21234			S. A.
	11. MARITAL STATUS  XX Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 27 10	If yes, s	pecify Cuban, Maxic	ANIC ORIGIN? (Specify Year, Puerto Rican, atc.)	es or No- 14. R/	ACE — American Indian, lack, Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 YE	S 2 NO Spec	ffy:	Sp	White
TED	15. DECEDENT'S ED (Specify only highest gra	DUCATION de completed)	tea. DECEDENT'S	B USUAL OCCUPAT work done during re ise retired.)	ION lost of working	166. KIND OF BI	USINESS/INDUSTRY	1
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		keeper		River	side Fe	& Loan) ederal
COMPLET	17. FATHER'S NAME (First, Middle, Last)			L -	18. MOTNER'S N	AME (First, Middle, Maide	n Surname)	
BE	Frederick Wag	ner			Rosa	Mayer		
5	Mrs. Reina Le	verton	8727	Old Ha	and Number or Rural	Road Ba	wn, State, Zip Code)	, MD 21234
	20a METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Re	movel from State	Ob PLACE AND DATE	OF DISPOSITION (A	lama al	DATE 200 L	OCATION OW.	T
	4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE L		Baltimo	re Ceme	etery	4/21 Ba	ltimore	, MD
	· Cari of	Ebaugh			AND ADDRESS OF FA	neral Hon	ne Bal	to., MD
	23. PART I. Enter the diseases, or			8521	Loch 1	Raven Bla	74	21204
	shock, or heart fellure IMMEDIATE CAUSE (Finel	. List only one ceuse on	eech line.				piratory arreet,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	· my	A CONSEQUENCE O	-8 In	nhula	مثد		Acute.
_		DUE TO (OR AS	A CONSEQUENCE O	F):	0			
-								
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):				
FICATIO	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE O	F):				
RTIFICATIO	if any, leading to immediate couse. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):				
L CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d			o cause alven la	Dard I Day was a		
4	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	d	but not resulting	in the underlyin		PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	d	but not resulting	in the underlyin			RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	d	but not resulting	In the underlylr	less	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the country of the conditions of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of	d	but not resulting	in the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the	LACE OF DEATH (C)	PERFO 1 VES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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FOR

	1 - STATE REGISTRAR	OINIE OI I	CE				DEA		TENTAL	REG. NO	-		
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH 3. TIME OF DE								3. TIME OF DEATH				
	RUTH		L. WILKERS		RSON	iNT I		04 16		92	7:41 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX		6. AGE (In yrs. lest birthday)		IF UNDE	IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			6. BIRTH	IPLACE (State or Foreign
DIRECTOR	215-05-6400	1 ☐ M 2 🂢 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	MARCI	Day, Year)	1918	Countr	RYLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF DEA		,		NTY OF D	
	ST.AGNES HOSPIT	AL			BA	LTIM	ORE						
	RESIDENCE OF DECEDENT	171											
IR.	10d, INSIDE CITY									LIMITS7			
										1 X YES 2 NO			
RA	2824 CARROLL ST			101					1250	U.S.			
JNE	11. MARITAL STATUS	IT EVED IN ILC AD	EVER IN U.S. ARMED 13. W		WM 0 050	21230 S DECENDENT OF HISPANIC ORIGI		0.000000		1			
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 N	ES 2 NO If yes, specify Cuben, Maxican,			n, Puerto Rican, etc.) Black, White, etc.		t, White, etc.					
ED	15. DECEDENT'S Et (Specify only highest gra	DUCATION of correlated	16a. DEC	CEDENT'S	USUAL C	CCUPATIO	ÒN		16b. I	(IND OF BUS	SINESS/INC	DUSTRY	
ET	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT u	work done se retired.)	aunng mo	st of worldr	ng					
MP	8TH GRADE		HOM	1EMA	CER								
BE COMPLETED	17. FATHER'S NAME (First, Middle, Leet)  EDWARD HOFFMAN	1					16. MOTHER'S NAME (First, Middle, Maiden Surname) ANNIE MILLER						
TO B	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRES	S (Street a	nd Number	or Rural Ro	oute Numbe	r, City or Tow	n, State, Zip	Code)	
۲	HELEN TIEDEMAN	IN						) - B	_	MORE,			.230
	20s. METHOD OF DISPOSITION  1												
	21. SIGNATURE OF FUNERAL SERVICE	MCENSEE)	11		22.	NAME AN	D ADDRE	SS OF FACI	ILITY			10112	
	Decis F.	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229											
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But To (or as a consequence of):												
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d.												
	PART II. Other algorificant conditions contributing to deeth but not resulting					nderlying	) Cause ç	given in Pr		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Z		T											
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
YS	1 NO 1 Inpetient 2 NO 1 Inpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
ву РН	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED												
	3 Suicide 8 Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be deter									oute Number,			
COMPLETED	29a. CERTIFIER (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Ch												
ON	2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated,												
BE C	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	Tippon La	ke M	1			TREE	T,BA	LTIMO	DRE,M	ARYLA	ND 2:	1201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE				,						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tribe filed writhin 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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Then I have the

and of medical subject Section

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH									
	ROBERT JAMES WILLIAMS 04 18 92 10:17 AM									
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign									
	188-18-9724   IM M 2   F 70 YRS.   MONTHS   DAYS   HOURS   MRN.   (Month, Day, Year)   Country)   Pennsylvania									
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
OR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY									
DIRECTOR	RESIDENCE OF DECEDENT									
E	ULI INSIDE CITY									
	Maryland Anne Arundel Glen Burnie 1 □ YES 225 NO  10a, STREET AND NUMBER  100, ZIP CODE 100, CTUZEN OF WHAT COUNTRY?									
FUNERAL	709 Wesley Road 100. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA									
N N	2202									
	1 Never Married 2 Married FORCES? 1 XYES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)  Black, White, etc.									
В	3 Wildowed 4 Divorced Feb 1942 - Jun 1971 White									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working									
E	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.]  [Give kind of work done during most of working life. Do NOT use retired.]									
MP	12th Supply Officer (E-7) Career Military/US Army									
	17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Melden Surname)									
BE	James Williams  Daisy Beaumont  19b. MAILING ADDRESS (Street and Number of Burel Bode Number City of Thurn State 7th Code)									
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	Doris C. Williams 709 Wesley Road Glen Burnie, MD 21061									
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	oremation society of Md., Inc.									
	George E. MacNabb 299 Frederick Road Balto. MD 2122									
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest.  Approximate Interval Between Onset and Death  Due 10 /OR AS A COMSEQUENCE OF:  Due 10 /OR AS A COMSEQUENCE OF:  Due 10 /OR AS A COMSEQUENCE OF:  Due 10 /OR AS A COMSEQUENCE OF:									
ERTIF	that initiated events resulting in death) LAST									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PRICEION OF CAUSE OF DEATH?  1 YES 2 NO  1 YES 2 NO									
BY PHYSICIAN:	25. WAS CASE REFERED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
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ž	27. MANNEBOSE DEATH 28s. DATE OF INJURY 28s. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURRED									
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9 0	3 Suitcide 8 Could not be 286. PLACE OF INJURY — At home, farm, street, factory, office 286. LOCATION (Street and Number or fixed faults Number									
=	4 Homicide determined City or Shen, State)									
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MO	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(g) and manner as stated.									
	29c. LICENSE NUMBER 2 29d. DATE SIGNED (Month, Official)									
BE C	AMMUN 1 136256 +4/18/92									
5	20. WAY WHO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	M. RAMIREZ, M.D./7845 OAKWOOD ROAD #205/GLEN BURNIE, MARYLAND 21061									
	TO DATE FILED (Month, Day, Year) 1/32, REGIPTRAR'S SIGNITURE 1 02									
	APR 2 0 1992 guila Burdon - No.									



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death partificate he executed within 28 hours as
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	4. SOCIAL SECURITY NUMBER	5. SEX A AG		. (1000000 4 10000		1 11	6 92	. ILOOP		
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-	9e. FACILITY NAME (If not institution, give	atreet end number)	9	b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY OF			
TOR	RESIDENCE OF DECEDENT	HOSDIMAL		BALTI	IMORE CITY	Y				
RECTOR	10e. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY		
ō	Md.		Ba.	ltimor	ce, Cit	У		XXYES 2 NO		
RA	100. STREET AND NUMBER 2210 Aiken S	treet		101	1. ZIP CODE 21218			WHAT COUNTRY?		
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ED	15. DECEDENT'S EDU	ICATION	Les DECEDENTIONS			Total areas of contact		Black		
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CO	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAME	E (First, Middle, Maiden S	Surneme)			
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	20e. METNOD OF DISPOSITION  Market 2 Cremation 3 Ren	20	Db. PLACE AND DATE OF D	ISPOSITION (Na	ame of		ATION — City or 1			
	4 Donation 5 Other (Specify)		Baltimore	e Ceme	etery		timore			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									
	23. PART I. Enter the diseases, or	WA		1				orth Ave.		
NOIL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. AID  DUE TO (OR AS  SEP	A CONSEQUENCE OF:					interval Batwee Onset and Daat		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
EH		na contributing to death	but not resulting in the	he underlying	g ceuse given in Pa	PERFORM	AED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	PART II. Other aignificant condition					1 YES 2		OF DEATH?		
MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LINGS TA			ACE OF DEATN (Check			OF DEATH?		
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3. TIME OF DEATH

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2. DATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fo -12 YRS. 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HESIDENCE OF DE FUNERAL DIRECTOR EDENT 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 Nes 2 No 10c, CITY, TOWN OR LOCATION 20th MD 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 218 11. MARMAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 ND WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. If yes, specify Crosn, Mexican, Puerto Ri 1 YES 2 YND Specify: 1 Never Married 2 Married BY IF YES, GIVE WAR DR DATES Black 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retingd.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) isahlad 8/0 once. 16. MOTHER'S NAME (First, Middle. Ric 7 BE 19b. MAILINO ADDRESS (S 2 702 MD 21239 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITIO 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUN MAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finsi Onset and Daeth disesse or condition resulting in death) due to DUE TO (OR AS A CONSEDUENCE OF) AIDS IVE 11519 CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in desth) LAST PART It. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TYES 2 NAME OF DEATH? 1 YES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DH ATTENDING PHYSICIAN: The HOSPITAL OTHER: 1 TYES 2 CLIND ient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME DF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Noturei 5 Pending 1 YES 2 NO BY 28 is ma 2 Accident THE FUNERAL DIRECTOR: After the field within 72 hours after dead MPORTANT. If them 28 is mi 28e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) ä 23 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) amp APR 2 0 32. HEGISTRAR'S SIGNATURE 1992

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 r	TOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WATSON 6:10 PM THELMA T SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)
Jan. 31, B. BIRTHPLACE (State or Foreign 215 09 8423 74 MONTHS DAYS HOURS MIN. 1 M 2 XF 1918 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena permit. 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 810 208th St. 21122 nay be retained by the hospital or attending physician. ; page 5 should be detached for use as the burial-transit United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Westinghouse / lary (0-12) College (1-4 or 5+) 12 Technician Electrical Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles E. Pitt Irene Pritchard notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Earl H. Watson 810 208th St., Pasadena, MD 21122 å a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 20a. METHOD OF DISPOSITION

1 St Burlat 2 Cremation 3 Removal from State

4 Donation 6 Other (Specify) Druid Ridge Cemetery 4/22/92 Pikesville, MD medical examiner 22. NAME AND ADDRESS OF FACILITY
MCCUlly Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximats shock, or heart feiture. List only one ceuse on each line. Interval Between 6 **IMMEDIATE CAUSE (Final** Onset and Death cremation, the disesse or condition hsresulting in death) d Mental Hygiene prior to burlal, crema injury, or other traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (QR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but pot resulting in the underlying ceut MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Dept. of Health and in 23 shows any in COMPLETION DF CAUSE 1 TES 2 4NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL or Item 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 THO inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) the 27. MANNER OF DEATH marked, 28a. DATE OF INJURY 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Netural
2 Accident M 1 YES 2 NO death \ BY DIRECTOR: An hours after deal litem 28 is m 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D. Se filed within 72 ha 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 290 LICENSE NUMBER 2683 BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. NABIL BADRO, M.D./1600 CRAIN HIGHWAY SW/GLEN BURNIE, MD 21061 32 AGGISTHAN'S SIGNATURE APR 201992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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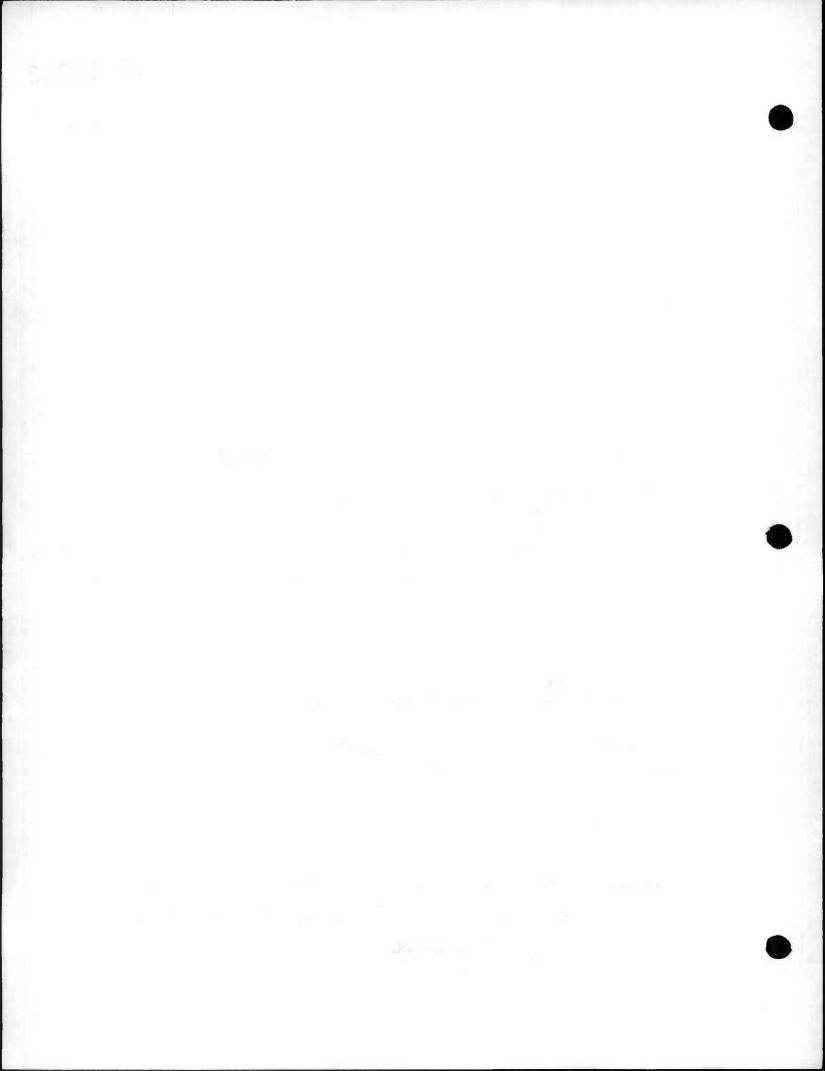
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dect. of Health and Mental Hydrene prior to burial. cremation, or removal:	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FLORENCE A.	WEST			APRIL 11.	1992 YEAR	3. TIME OF DEATH P.			
	218-07-8616 ¹□м²ऋж	79 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Dec. 30,	- Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - Carlot - C	THPLACE (State or Foreign stry) TYPIAND			
TOR	9e. FACILITY NAME (If not institution, give street and number)  Meridian Nursing Center RESIDENCE OF DECEDENT			a Park	ATH	Anne A	rundel			
DIRECTOR	Maryland Anne Arundel	10c. CITY,	TOWN OR LOCA	en Burni	ie		10d. INSIDE CITY LIMITS? 1 YES 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
FUNERAL	830 Barbara Court		10	21061			States			
ВУ	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVI FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V FORCES? 1 V	ES 2 NO	If yes, ap	ENDENT OF HISPANI ecity Cuben, Mexicen 2 NO Specify:		Bla	CE — American Indian, ck, White, etc.  why: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mo retired.)	ON est of working		SINESS/INDUSTRY				
COMP	Unknown 17. FATHER'S NAME (First, Middle, Last) Henry O.	Proprie		16. MOTHER'S NAM	AE (First, Middle, Malden	ation/G	arage Alles			
TO BE	19. INFORMANT'S NAME (Type/Print) Mrs. Mary H. Frome	19b, MAILING AI	DDRESS (Street e	nd Number or Rural Re	oute Number, City or Tow	n, State, Zip Code)	MD.21638			
	20a METHOD OF DISPOSITION 1 \( \tilde{\Delta} \) Burlel 2 \( \tilde{\Delta} \) Cremellon 3 \( \tilde{\Delta} \) Removal from State 4 \( \tilde{\Delta} \) Donation 6 \( \tilde{\Delta} \) Ofther (Specify)	20b. PLACE AND DATE OF cemetery, cremetory or other Providence	r place)	etery 4	1/15/92 Fi	nksbura	fown, State , Maryland			
	21. SIGNATURE OF FUNERAL SERVICE XICENSEE		McCully Funeral Home of Pasadena							
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List/only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other algnificent conditions contributing to deat  D. AD E 7 BS  CMGB 7 I AVE IT G	AUTOPSY 24 RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 Inpettent 2 ERVC		THER:	ACE OF OEATH (Chec						
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	RY 28b, TIME ( INJUR	DF 28c. INJ	URY AT RK? VES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED				
- 11	4 Homicide determined building, etc. (	URY — At home, farm, stre Specify)	et, tectory, offic	•	28t, LOCATION (Street City or Town, Stete)	end Number or Rural	Route Number,			
COMPLETED	29e, CERTIFIER (Check only 1 DERTIFYING PHYSICIAN: To the best of my king one) 2 MEDICAL EXAMINER: On the bests of examiner						(a) end menner as stated.			
TO BE	298. SIGNATURE AND TITLE OF CERTIFIER  A  A  A  A  A  A  A  A  A  A  A  A  A	· Mo		DZI7	7 6	29d. DATE SIGNE	D (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF S. MUMP (A ) 31. DATE FILEO (Month, Day, Year) 32_REGISTRAR'S S	203 E. 1	Tatap	SEO A	V. BALT	mere	PRZIZ OW			
	APR 201992 Julie David	Son-Randelle					DHMH-16 Ray 1/89			





BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E JZ	10844		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DE/TH		
	Marianne Ste	erlina Young				April 14.	1992 YEAR	7:00 P M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign		
	216-26-7100  Se. FACILITY NAME (If not institution, give s		32 YRS.	ONTHS DAYS	R LOCATION OF DE	7/21/09		Baltimore		
œ	Masonic Home	out and nameny		Cockey		AIII	Baltin			
DIRECTOR	RESIDENCE OF DECEDENT						0410111	.01.0		
Ä	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
ā	Maryland Ba	ltimore		Baltimo	re			1 X YES 2 NO		
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
EB	3207 Orlando Ave. 21234 USA									
BY FUNERAL	11. MARITAL STATUS 1  Never Merried 2  Merried 3  Widowed 4  Divorced	Never Merried 2 Merried FORCES? 1 YES 2 NO			ENDENT OF HISPANI city Cuben, Mexicen 2 A NO Specify:		81	CE — American Indian, ack, White, etc., acity		
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SHAL OCCUPATIO		401 VIIII 07 0110	White			
	(Specify only highest grade	completed)	(Give kind of wo	ork done during mo retired.)	st of working	18b. KIND OF BUS	SINESS/INDUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake			Own H	Iomo			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Melden				
	James Sterling					n Woodyard				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Street e		oute Number, City or Town				
2	John S. Young						, , , , , , , , , , , , , , , , , , , ,	d 21204		
	John S. Young  2 Charles Ridge Garth, Towson, Maryland 21204  20a. METHOD OF DISPOSITION  1 DATE  20c. LOCATION — City or Town, State  20b. PLACE AND DATE of DISPOSITION (Name of cemetary, cremetary or other place)									
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	THEFF			boow	4/18/92	Balt	imore		
	· Paul L. E	faitout !	2	Leon	ard J. R	uck Inc.	W	aryland 21214		
	23. PART i. Enter the diseeses, Dr o	complications that cause	the death. Do no	t enter the mo	de of dying, such	as cerdiec pr reapi	more, M	Approximata		
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	re um					interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
AL C	PART ii. Other algnificent condition	a contributing to death b	ut not resulting in	tha underlying	ceuse given in F	Pert i. 24s. WAS AN	AUTOPSY 2	Ib. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA						PERFORI	MED?	AVAILABLE PRIDE TO COMPLETION DF CAUSE OF DEATH?		
₹ I	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	ck ant/ one)				
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER:	8 - Residence 8					
ву рну	27. MANNER OF DEATH  1 Naturel 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d, DESCRIBE HOW IN	JURY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, term, ste	eet, fectory, office		28t. LOCATION (Street e. City or Town, State)	nd Number or Rure	l Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOUNTS ON MEDICAL EXAMINE	CIAN: To the best of my know						(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	24	W		POLICENSE NUMI			D (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type 5	Print)	V - /	• 6	- 1/1	/72		
	Paul Rivas MD	3421 Sv	veet Air	Road Pl	noenix, M	ld.				
	31. DATE FILED (MONTH, 2017, 001/1992	32 AMESTARIS SEEN	Mind and a line							

Angeo: \$1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
by	2		75
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the se	gned	alth	\$ 30
equir	en Si	of He	how
MP	IS be	ept.	23 \$
The	te ha	ite O	E
AN:	trifica	e St	2 2
YSIC	S Cer	中中	d, o
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DIN	. Afte	deal	E
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OR A	DIREC	OURS	Em
TAL	SAL I	2	=
OSP	UNE	rithin	ANT
光光	보	led w	ORT
10	101	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGI		2 10845	
	1. DECEDENT'S NAME (First, Middle, Lost)  CATHER  4. SOCIAL SECURITY NUMBER  212-60-0375			ZEC FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH 7. DATE OF BIRTIN (Month, Day, Yea April 2	14 9	3. TIME OF DEATH  2 UDA  BIRTHPLACE (State or Foreign Country)  Maryland	
TOR	9a. FACILITY NAME (If not institution, give HARBOR HOSP RESIDENCE OF DECEDENT	street and number)	TER	BALT	TIMOR	EATN	9c. COUNT	LTIMORE	
DIRECTOR	Maryland 106. COUNT	Maryland Anne Arundel Pasade						10d. INSIDE CITY LIMITS?  1, YES 2 XNO	
RAL		304 Heather Lane			ZIP CODE 21122			n of what country? ced States	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO			ENDENT OF NISPAI	NIC ORIGIN? (Specify in, Puerto Rican, etc. y:	secify Yes or No.   14, RACE - American Indian.		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  (She kind of work life. Do NOT use re  College (1-4 or 5 +)  HOMENT			N it of working	16b. KIND OF	Domes		
	17. FATHER'S NAME (First, Middle, Lest)  Louis	Da	iley		10. MOTHER'S NA	ME (First, Middle, Mei		nnelly	
TO BE	196. INFORMANT'S NAME (Type/Print)  Catherine L. Wel		19b. MAILING AD	oness (Street or	nd Number or Rural	Route Number, City or Sadena, N	Town, State, Zip Co	2	
	20s. METHOD OF DISPOSITION  \$\frac{1}{N}\$ Buriel 2 \( \text{Cremation 3} \) Ren  4 \( \text{Donation 5} \) Other (Specify)	20b.i	PLACE AND DATE OF C fery, cremetory or other aney Vall	DISPOSITION (Nat	ne of	DATE 20c	LOCATION CIT		
	21. SIGNATURE OF PLINERAL SERVICE LI		dicy vali	22. NAME AN MCCULL	o address of fa		of Pasad	lena	
CERTIFICATION	23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificant condition	ns contributing to death bu	1 not resulting in t	he underlying	ceuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	ack only one)			
YSIG	1 TES 2 NO	HOSPITAL: 1 Anpatient 2 ER/Outpar	tient 3 DOA 4			6 Other (Specify)			
ву Рн	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOF		26d. OEŞCRIBE NO	W INJURY OCCUP	BEO	
LETED !	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc., (Specif	At home, farm, stree	et, factory, office		28f. LOCATION (Str. City or Town, St	eet and Number or ate)	Rural Route Number,	
COMPLE		CIAN: To the best of my knowle							
TO BE	29b. SURNATURE AND TITLE OF CERTIFIE	MA. PX	eyster.	en !	AS 24	H16146	3 D D	1GNEO (Month, Day, Year) -14-92	
ř	JUSEPH V. SEL		TH (UTEM 27) (Type, Prints		OVER	BALTI	MORE	M) 21230	
	APR 201992	32 ARREISTRANS SIGNAL							



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFIC	ATE OF DEATH	REG. NO.							
	1. DECEMENT'S NAME (First, Middle, Last)  KEVIN F. ASHE		2. DATE OF DEATH DAY							
3	577-08-5100 1⊠ M 2 □ F 23 YRS.	F UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH (Mooth, Day, (ber) 10-26-68	a. BIRTHPLACE (State or Foreign Country) Tampa, Fla						
TOR	98. FACILITY NAME (II not institution, give street and number)  98. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  PAINCE GEONG.  RESIDENCE OF DECEDENT									
DIRECTOR	MD PG Mor	own on Location ningside		10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO						
FUNERAL	6376 Maxwell Drive	101. ZIP CODE 2074	6	USA						
BY	11. MARITAL STATUS  1. Never Married  2	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yea, apacify Cuban, Maxican, Puerto Rican, etc.)  1 ☐ YES 2 ☒ NO Specify:  Specify:								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th  15. DECEDENT'S US (Give kind of word life. Do NOT use in Journal Journal College (1-4 or 5+)	rk done during most of working netired.)								
BE COM	17. FATHER'S NAME (First, Middle, Last)  Kenneth F. Ashe	16. MOTNER'S NAM	AE (First, Middle, Maiden Surn e J. John:							
TO B	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AD	cala Ave. Forre								
	20s. METHOD OF DISPOSITION 1-1-2- Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Harmony Mem. Pk. 4/4/92  Landover MD									
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE	22. NAME AND ADDRESS OF FACE .M. Dudley 3200 R.I.Ave	Funeral Ho	ome						
	23. PART i Enter the diseases, or complications that ceused the death. Do not shock, or heart failure. List only one cause on each line.			ory arrest, Approximate						
	Interval Between Onset and Death  Due to (or as a consequence or):									
NO	Sequentially list conditions,									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events									
CERTI	resulting in death) LAST									
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in t	he underlying cause given in P	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	O7 AVAILABLE PRIOR TO						
AN:	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER? HOSPITAL:	26. PLACE OF DEATN (Chec THER:								
HYS	27. MANNER OF DEATN 28s. DATE OF INJURY 28b. TIME O	□ Nursing Home 5 □ Residence € F 28c. INJURY AT	28d. DE\$CRIBE HOW INJUI	RY OCCURED						
ВУР	1) Netural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation	WORK? M 1 YES 2 NO								
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	st, factory, office	281. LOCATION (Street and It City or Town, State)	Yumber or Rural Route Number,						
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred a medical Examiner: On the basis of examination and/or investigation, I									
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM	BER 29	d. DATE SIGNED (Month, Day, Year)						
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IYEM 27) (TYPO, PRI ABULHASAN DAWSALL' MI	5 3526	World	2023						
	31. DATE FILE OF 10017 1001 1992 32. BEGINTER DESIGNATURE Randale	COCK	N Lade							

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Lest)	MINIC TERELL	ATKINSON			2. DATE OF DEATH MONTH MAR 18	AY OO2 YEAR	3. TIME OF GEATH A		
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		5:50 M		
	N/A	1 № M 2 🗆 F	YRS.	MONTHS DAYS	HOURS MIN.	MAR 8 199	Cou	MARYLAND		
~	9e. FACILITY NAME (If not institution, give			96. CITY, TOWN O	R LOCATION OF O	EATH	9c. COUNTY OF	DEATH		
DIRECTOR	NATIONAL NAVAL M	EDICAL CENTER	1	BE'	THESDA		MON'	TGOMERY		
EC.	10s. STATE 10s. COUNT	ry	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
	VIRGINIA FAI	RFAX COUNTY	AL	EXANDRI	A			1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?		
Ä	6460 KING LOU:	_				312		TED STATES		
BY	1 X Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS OECI If yes, spe 1 — YES	elfy Cuban, Mexica	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	Bu	ACE — American Indian, ack, White, etc. pecify: BLACK		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16e. OECEDENT'S U	ISUAL OCCUPATIO	N at of working	16b. KIND OF BU	SINESS/INDUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	Ne	ver					
MP	N/A  17. FATHER'S NAME (First, Middle, Last)			N/A Em	ployed	None ME (First, Middle, Meiden				
	THOMAS A	TKINSON			,					
BE	19e. INFORMANT'S NAME (Type/Print)	ZICZIIO OII	19b. MAILING	AODRESS (Street at		ANN MCCAL Route Number, City or Tow				
2	THOMAS ATKINSON					E, ALEXAND				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren	novel from State	PLACE AND DATE OF	OISPOSITION (Nat	me of		CATION City or			
	4 Donatton 5 Other (Specify) ST JAMES CEMETERY 1992 SELMA, ALABAMA									
	Douard K	Causen				ms Sons Fu Avenue, Se		ome abama 36701		
	23. PART I. Enter the diseases, or	complications that coused. Liet only one couse on es	the death. Do no	ot anter the mod	de of dying, suc	h as cardiac or respi	ratory arrest,	Approximata		
	IMMEDIATE CAUSE (Finel	Clet Only Ona Couse on es	cn ine.					Interval Between Onset and Death		
	disease or condition resulting in death)		ERROR OF		LISM (PR	OBABLE)				
_		DUE TO (OR AS A	CONSEQUENCE OF)	:						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
S	CAUSE (Disease or Injury  CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):									
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
	Mar II Au	d								
PHYSICIAN: MEDICAL	PART II. Other significant condition		it not reaulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
ă	CARDIOVASCULA	R CULLAPSE				1 X YES 2	□ NO	OF DEATH?		
Σ								1 YES 2X NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL: 1   inpatient 2 □ ER/Outpe		OTHER:	5 - Residence	6 Other (Specify)				
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	JRY AT	28d. OESCRIBE HOW II	NJURY OCCURED			
B	1 Netural 5 Pending 2 Accident investigation				ES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, str fy)	reet, factory, affice		281. LOCATION (Street a City or Town, State)	nd Number or Rure	I Route Number,		
PP.		BICIAN: To the best of my knowle								
S I	2 MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation,	In my opinion, de	eth occured at the	time, date and place, en	d due to the cause	s(e) and manner as stated.		
HE OF	296. SIGNATURE AND THE OF CERTIFIE	11.			29c. LICENSE NUI			ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	1, No. 0	TH STEM CO. CO.	V-di	D-321			CH 19, 1992		
	/		arn (IIEM 27) (Type, F	14		NAVAL MED		ITER		
	31. DATE FILED (Month, Day, Year)	22 DECISTRADIO CICNIA	TURE		ETHESDA	MD 2088	9-5000			
	MAR 31 1992		son-Randall	2						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

$\overline{}$						. 4					HEG. NO	7.		
	1. DECEDENT'S NAME (First,	Middle, Last)	Adam							2. DATE OF DEATH MONTH 7 DAY CHEAR S. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	17.	Adau								2	28	72	5:08 Pm
	137 34 2932		5. SEX		7 YRS.	IF UNDER MONTHS	DAYS	HOURS	MIN.	7. DATE 0 (Month, 10/	Day, Year) 11/44		8. BIRTH Count PHIL	HPLACE (State or Foreign ny) ADELPHIA PA
	Se. FACILITY NAME (If not in		9b. CITY	TOWN (	OR LOCATI	ON OF DE				NTY OF D				
DIRECTOR	SOUTHUM RESIDENCE OF DEC	MV.	HUSP. C	ent	er	<u> </u>	cm	101	1			thincogeones		
E E	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN C								10d. INSIDE CITY
	MARYLAND	PRINC	E GEORGES	5		FORI		HEIG				YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5603 SACE			10	207				108. CITIZEN OF WHAT COUNTRY? UNITED STATES					
ᄬ	11. MARITAL STATUS	ieri Di	RIVE	T EVED IN III	Q ADMED	142	WAS DEC			NC ORIGIN?	200 44 - M			
BY FI	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES					1	If yes, sp	ecity Cube	m, Mexica	n, Puerto Ri	can, etc.)	e or No—	Black	E — American Indian, k, White, etc. hy: BLACK
	15. DEC	EDENT'S EDUC y highest grade	CATION	16	. DECEDENT'S	USUAL O	CCUPATH	ON		16b.	KIND OF BU	SINESS/IND	DUSTRY	
COMPLET	Elementary/Secondary (0		College (1-4 or 5 +	)	(Give kind of life. Do NOT u				79		-		_	
M M	12				SECURI	TY G	JAKD					RIVAT	E	
	17. FATHER'S NAME (First, M	-10								ME (First, Mi				
BE	ROY EDWA		DAMS		105 MAII IN	ADORES	(Character)			MAE	SMITH			
2	IDA MAE	WILE	V		196. MAJLING								0710	8
	20e. METHOD OF DISPOSIT	ION		20b. PL	ACE AND DATE					DATE	1	CATION -		
Ì	1 TBuriel 2 Cremetic		oval from State	cemeter	RYLAND	other place)			мете	1		ELTE		
	21. SIGNATURE MY FUNERA	L SERVICE LIC	ENSEE							POPE				MD-859
	* (They	1 8.	Yope	0	,		2617			SE W				IID-039
	23. PART t. Enter the di	iseeses, or o	complications that List only one cau	caused th	e deeth. Do	not enter	the mo	de of dy	ing, auci	h aa cerdi	ec or reap	iretory an	reat,	Approximata
	IMMEDIATE CAUSE (Fir		List Only One Ceu	ae on eech	ine.	1/_		1			0			Onset and Death
	disease or condition resulting in death)	<b>→</b>	· less	und	el 1	m	M	hos	Sau	ic	1 a	_		
	DUE TO (OR AS A CONSEQUENCE OF):													
RTIFICATION	Sequentially list conditi		DUE TO	TOR AS A CO	NSEOBENCE O	(l)	u	42	10-	•				
\$	if any, leading to imme- cause. Enter UNDERLY	NG		and	linn	11-	1	not	1					
	CAUSE (Disease or inju that initiated events		DUE TO	OR AS A CO	NSEQUENCE O	F):	0/	you	5					
SE	resulting in death) LAS		d											
CAL	PART II. Other algnifica	nt condition	a contributing to	death but i	not reaulting	in the un	derlyin	g cause g	given in	Part i.		AN AUTOPSY 24b. WERE AUTOPSY FINDINGS		
2										_	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
뿌ᅦ										_				1 TES 2 NO
ÿ														
5	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	_	ACE OF D	EATH (Chi	ack only one				
PHYSICIAN: N	1 YES 2 NO		1 Inpetient 2 I			4 🗆 Nun	lng Hom		sidence	6 Other				
		Pending	(Month, De		26b. TIN	JURY		RK?	7 40	26d. OE\$C	RIBE HOW	INJURY OC	CURED	
B	2 Suiside	Investigation	28e. PLACE O	F INJURY —	At home, ferm,	atreet, fect			JNO	281, LOCAT	ION (Street	and Number	or Burni F	Poute Number,
E		Could not be determined	building,	etc. (Specify)						City or	Town, Stete)	)		Today (Control)
COMPLET	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowleda	e, death occurr	ed at the ti	me date	and place	and due	to the caus	o(s) and me	nner ee etei	and .	
8														and menner se stated.
w II	296 BICHATURE AND TITLE	ог сентигне	11	1	1 A	-	1	29c. LIC	NSE NUM	BER		29d. DAT	E SIGNED	g(Month, Day War)
	hito	en	m No	1	Xel	lus	UL	01	)-2	145	35	<b>&gt;</b>	3/	28/97.
Ĕ	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF DEATH	(TTEM 27) (Not	(Print)				1-			1	2011/20
					ERCANT		ANE	LAN	NDOVI	ER MD	2078	5	1	
	31. DATE FILED (Month, Day,		32. REGISTRA	SIGNATU SALA	N-Randa	ee.								
	APR U	1 1992	Juna	Franc (attack	.,									
	(())													OHMH-16 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after	TO THE FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remore	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica
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DIVISION OF VITAL RECORDS, F.O. BOX 13149,	se de	Mer	1
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						9	2 10049				
	SIAIE	STATE OF MARYLAND /			MENTAL HYGIEN	E					
	REGISTRAR	CE	RTIFICATI	OF DEATH	REG. NO						
1	1. DECEDENT'S NAME (First, Middle, Last)	& Arche	R		2. DATE OF DEATH		3. TIME OF DEATH				
		SEX 6. AGE (In yrs. lest		1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	7 92	BIRTHPLACE (State or Foreign				
		OTH A DE	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)		Country)				
	Sa. FACILITY NAME (If not institution, give street	/1	9h. CITY	TOWN OR LOCATION OF DI	June 15,19	9c. COUNTY	orth Carolina				
Œ.	103 Cree 1	) h			intell	0	G				
8	RESIDENCE OF DECEDENT		1 1	orest He	19713		7				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN				, 10d. INSIDE CITY LIMITS?				
	Maryland Prince	George's	Forest	Heights			1 X YES 2 NO				
RA				1011 1111 10001			OF WHAT COUNTRY?				
FUNERAL	103 Cree Drive	. WAS DECEDENT EVER IN U.S. ARI	uen La	20745	NIC CONCINE CO		B.A.  RACE — American Indian,				
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, atc.  14. RACE — American Indian, Black, White, atc.										
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Specif	у:		Spec#White				
8	15. DECEDENT'S EDUCATI (Specify only highest grade corr	ON 16a, DEC	CEDENT'S USUAL O	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUST	TRY				
		ollega (1-4 or 5+)	Do NOT use retired.)	during most of working							
COMPLET	12	Po	lice Off				Department				
8	17. FATHER'S NAME (First, Middle, Last)			11 2/15- 3/2011	ME (First, Middle, Maiden						
BE	Lee Archer  19a. (NFORMANT'S NAME (Type/Print)	Tio	MAII INO ADDOSC	S (Street and Number or Rural	Lizzy Cati	IS	dal				
일	Barbara A. Grego	rv R _G	rhoro A	Gregory 110	77 Flowerw	and Ct	777062				
	20s, METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION (N	ame of cemetery, crematory or			or Town, Stata				
	1 Burial 2 Cremation 3 XRamoval	from State other pla	us Cemet	ery	Win	ton, No	orth Carolina				
	21. SIGNATURE OF UNERAL SERVICE LICENS	SEE	22.	NAME AND ADDRESS OF FA	CILITY	Ното					
	* Auch. fai	w ID.	610	50 Oxon Hill	Rd. Oxon	Hill.	Md. 20745				
	23. PART I. Finter the diseeses, or com		eth. Do not enter				, Approximata				
	(shock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause on each line	•				Interval Between Onset end Deeth				
		Carain.	La.								
	resolving in death) / a	DUE TO (OR AS A CONSEC	DUENCE OF):	, my							
Z	b. 4	Hypertone as a consecutive to the to the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the sam	Verio E	untre a	userras	aloz 1	Down				
ERTIFICATION	If any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	MIENCE OF								
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEC	DOENCE OF J.				j				
병	d										
A	PART II. Other aignificant conditions of		eaulting in the u	nderlying cause given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDICA	- Grobetts	pellitis			1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?				
핗						- 8	1 TES 2 NO				
AN:											
SICIA		OSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)						
HYS	1 YES 2 NO 1 27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3			8 Other (Specify)						
0	1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	NED				
8	3 Suicide & Could not be	26a. PLACE OF INJURY At ho	me, farm, street, fac		281, LOCATION (Street	and Number or	Rural Route Number,				
ETED	4 Homicide 8 Could not be	building, atc. (Specify)			City or Town, State	)					
	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, de	eth occurred at the	time, data and place, and du	e to the cause(a) and ma	oner as stated.					
OMP	CONSUR ONLY	On the basis of examination and/or					ause(a) and manner as stated.				
E C	29b. SIONATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	IONED (Month, Day, Year)				
BE	lunger bul 7	7 mg		D171	62	13	130/92				
101		OMPLETED CAUSE OF DEATH (TE	M 0								

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

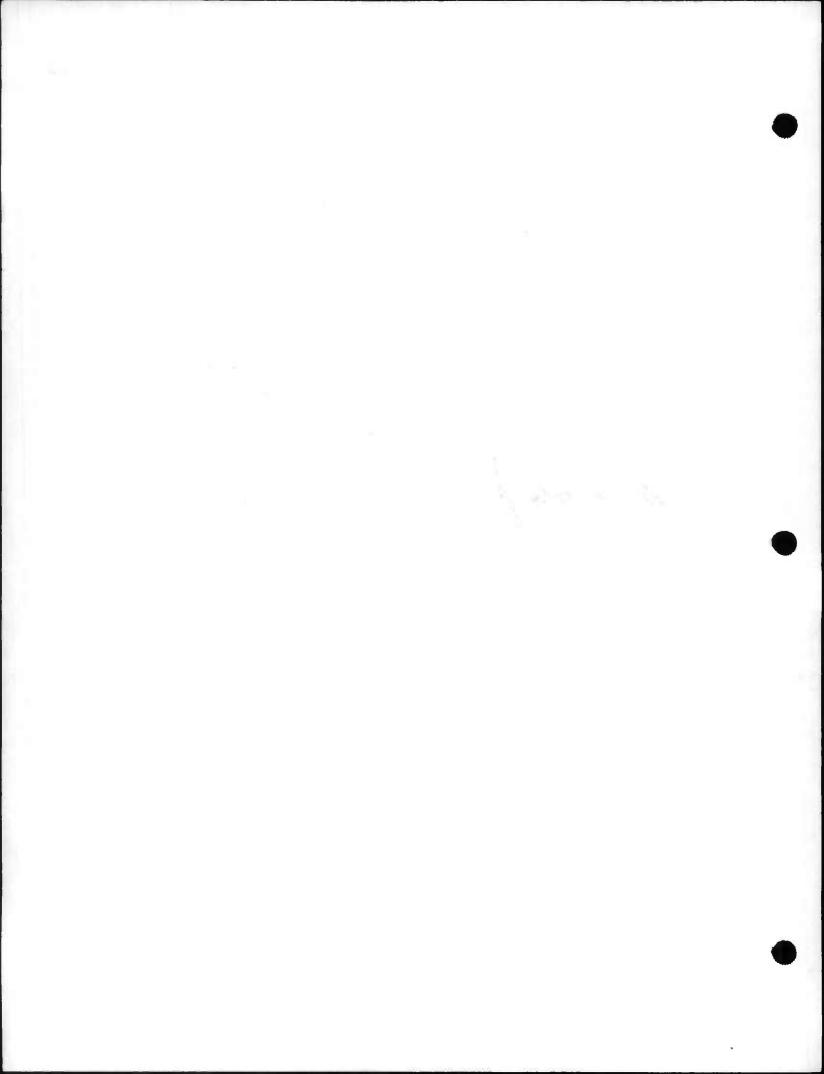
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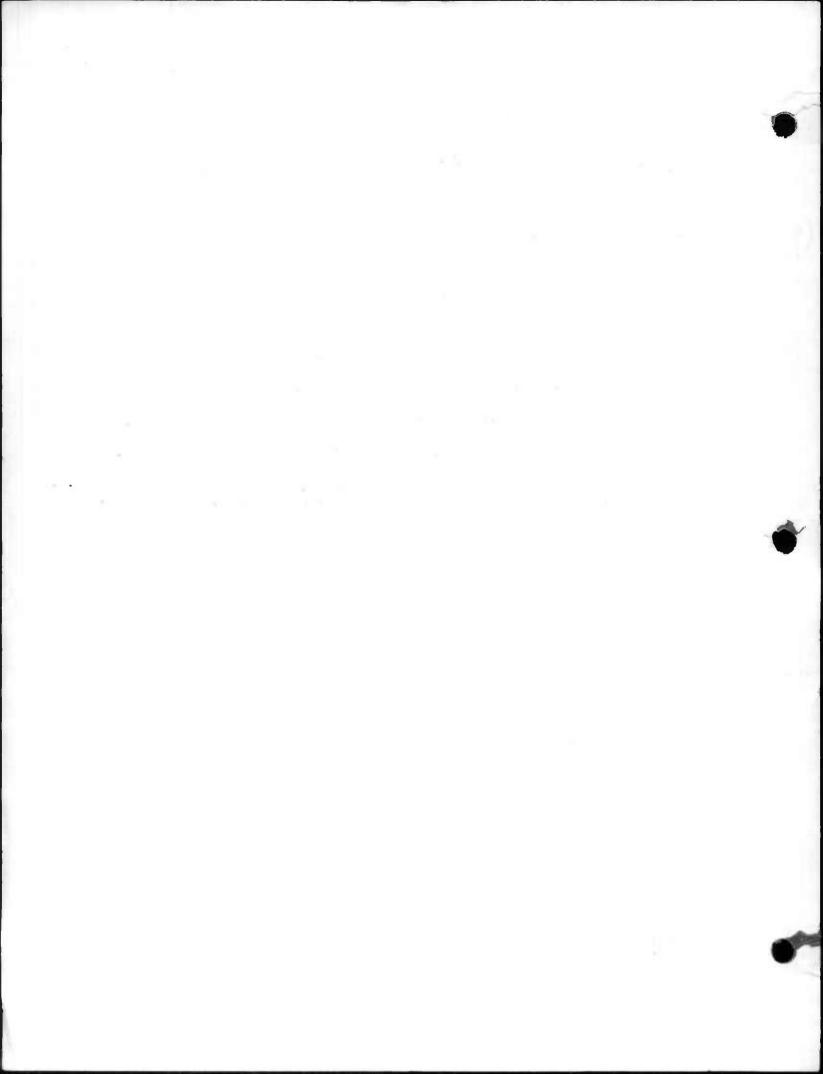
	1 - STATE REGISTRAR	STATE OF N	MARYLAND / CE	DEPAR	ICATI	OF H	DEAT	AND I		GIENI G. NO.	E )	<b>-</b>	10000
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	ATH			3. TIME OF DEATH
	FRANCIS	G.	AUSTIN						MONTH 03	28	y q	YEAR	11:45 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	TN		8. BIRTH	IPLACE (State or Foreign
	579-01-3521-A	1 🔀 M 2 🗌 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	8-10-19 Country) Wash			sh.,D.C.	
	9a. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE				NTY OF D	
8	DDINCE CEODCEIC H	OCDITAL	CENTED			CHE	VEDI	V			חחדו	NCE	CEODCETC
DIRECTOR	PRINCE GEORGE'S H		CLIVILA			<u> </u>	VERL	1			PKI	NCE	GEORGE'S
#	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
		ne Arun	del		Tra	cys	Lan	din	g			1 YES 2 NO	
¥	10e. STREET AND NUMBER					101	ZIP CODE		10g. CITIZEN OF WHAT COU			WHAT COUNTRY?	
FUNERAL	530 North Dr:						20	779				US.	A
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  1 Nover Married  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. R  14 Nover Married  15 Wes, specify Cuben, Mexican, Puerto Rican, etc.)									14. RACI	E — American Indian, k, White, atc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES			1 YES	2×10	Specify	i, ruento main, e	Pilling		Speci	
	15. DECEDENT'S EDUC		WII										White
COMPLETED	(Specify only highest grade	completed)	(GM	e kind of	USUAL O work done se retired.)	during mo	IN all of workin	g	16b. KIND				
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)								bin		pply
8	17. FATHER'S NAME (First, Middle, Last)				ale	smal		CDIC NA				Su	bbtà
	William Aus	tin							ME (First, Middle, I		,		
BE	19e, INFORMANT'S NAME (Type/Print)	CIII	105	MAUINIC	ADDDES	0. (0			ie Rup loute Number, City				
2	Virginia A. A		130.							or lown	, Stere, Zip	Code)	
	20a, METHOD OF DISPOSITION	USTIN	200 01 105 11	Sai	ne a	SI	0a	-10t	92DATE 2				
	1∑Deurial 2 ☐ Cremation 3 ☐ Remo	oval from State	cemetery, crem	atory or o	ther place)	Mome	11001 4	1 0	DAIL A	ruc. LUC	ATION —	City or 10	wn, State
	1XTeurial 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, INC.  6633 Old Alexander Ferry Road												
	S.	. 7	•		9	633	010	d Al	Lexand	er	Feri	ŕý I	Road, The
	nemon (	N. Ba	mue						2073				
	23. PART I. Enter the diseases, or c shock, or heart failure. I	List only one ceu	t caused the des se on each line.	Do I	not enter	the mo	de of dyl	ng, such	n an cardiec or	reapir	atory arr	eat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Acre	10 17	Y	Λ.								Onset and Death
	resulting in death) s. ISACHELIAL ENDOCAR DITIS									2 NKS			
	DUE TO (OR AS A CONSEQUENCE OF):										50000		
ō	Sequentially list conditions,	DUE TO	(OR AS A CONSEOL	JENCE O	F- D(1	umy	apo	May					11046912
¥	If any, lasding to immediate cause, Enter UNDERLYING				,				4				
Ĕ	CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CONSEOL	JENCE O	F):								
CERTIFICATION	resulting in deeth) LAST	d											
Ö	PART II. Other significant conditions	e contribution ()	don't but not			4 - 4 - 4 - 4							
CAL	Chrome Ren		1		in the ur	derlying	csuse g	iven in i	Part I. 24a, W	ERFORM	WTOPSY MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI			1/We	_		7			_ 10'	YES 2	DNO		DF OEATN?
Σ	vinteres me	elito.	KYP	ent	crois	<i>N</i>			_				1 TYES 2 THO
A I	25. WAS CASE REFERRED TO MEDICAL					-							
BY PHYSICIAN:	EXAMINER?	HOSPITAL:	1000		OTHER	<b>1</b> :			ck only one)				
H	27. MANNER OF DEATN	28e. DATE OF	ER/Outpatient 3	28b, TIM		26c. INJ		sidence (	28d. DESCRIBE		HIPW COR		
9	1 Netural 5 Pending	(Month, De	ny. Waary		URY	WO	ES 2	NO.	Zou. DESCRIBE	now in	JUNY OCC	ONED	
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At hom	e, ferm, s	street, fact				28f. LOCATION (	Street or	d Number	or Rural B	Invite Number
U 4 ☐ Homicide determined building, etc. (Specify)													
١٣	290. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the heet of	en knowledge des		4	4-4							
COMPLETED	(Check only one)  1 CERTIFYING PHYSIC (Check only one)												) end manner se stated,
	29b. SIGNATURE AND UTLE OF CERTIFIER		1		,,	, , ,				ice, end			
BE	THE OF CENTIFIER	1 /al	11/10				29c. LICE	NSE NUM	D G		29d. DATE	SIGNED	(Mogth, Day, Yoar)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E DE DEATH STEM	27) (5	Orint*		0-	100	01		- 3	129	192
	STEVEN M	POLLAK	MD -			ree	~ was	4 00	R DR.	6	rech	belt	- Mo
	APRO 2 1992	12. REGISTRAI	R'S SIGNATURE										E

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water from the

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	FOR STATE REGISTRAR	TE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN REG. NO	E			
	1. DECEDENT'S NAME (First, Middle, Leat)  Charles  4. SOCIAL SECURITY NUMBER  5. SEX	BROWN  6. AGE (In yrs. In	asl birthdey) IF U	Brown  JADER 1 YEAR THE DAYS	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 3  7. DATE OF BIRTH (Month, Day, Year)	9-	2 12 ~ A M  INTHPLACE (State or Foreign		
TOR	9e. FACILITY NAME (If not institution, give street end	number)  RAL HOSP	YRS.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	aryland of DEATH REFORCL		
DIRECTOR	Maryland Harfor	d.		est Hi	11			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1600 Priscilla Court	:		101.	21050		10g. CITIZEN OF WHAT COUNTRY? USA			
BY	1 Never Married 2 N Married FOR	S DECEDENT EVER IN U.S. A RCES? 1 YES 2 X (ES, GIVE WAR OR DATES	RMED NO	If yes, spe		IC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indien, Bleck, White, etc. Soscily:		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	(d)	Give kind of work of the Do NOT use retorn Safety	done during mos ired.)	of working	16b. KIND OF BU	6b. KIND OF BUSINESS/INDUSTRY  Dairy Industry			
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles Richard Br	cown				n Virgin		kins		
TO B	190. INFORMANT'S NAME (Typo/Print) Helen Mildred Gengle:		96. MAILING ADD 1600 PY	RESS (Street of	a Court,	Forest		id. 21050		
	20s. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cramation 3 □ Removal fror 4 □ Donetion 5 □ Other (Specify)	etery, crematory or Gardens		cation — city llston,						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  HOWARD KM	Comosi	11_	Howar	d K. McC Cokesbur	Comas III	Funeral bingdor	Home, P.A. n, Md. 21009		
Z	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Cause of Bladde - 146mo									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions control		t resulting in the	na undarlying	; cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		THER:	ACE OF DEATH (Ch	8 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending	80. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ WO		28d. DESCRIBE HOW	INJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined	8e. PLACE OF INJURY — At I building, etc. (Specify)	home, ferm, stree	it, factory, offic		28f, LOCATION (Street City or Town, State	OCATION (Street end Number or Rural Route Number, ity or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To							suse(e) end manner ee stated.		
BE	29b. SIGNATURE AND THE OF CERTIFIER	Hame M	n -		29c. LICENSE NUI	MBER 053 /	29d. DATE SI	GNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMP	EMD/20	005 Roc	t Spr	ing Rd.	Forset	4/11/	Nd 21051		
31. DATE FILED (Month, Day, they)  32. REGISTRA'S SIGNATURA And BLE  GIVE DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON DAVIDSON D										



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	1. DECEDENT'S NAME (First, Middle, Last)	Par	+	ATE OF DEATI	2. DAT	E OF DEATH	YEAR 3. TIME OF				
	VICTORIO					3-17-9	2 10.				
	579-36-9119A	1 M 2 F 74	YRS. MOI		MIN. 3	-9-1918	B. BIRTHPLACE (State Country)				
TOR	GROSVENOR F	lealth Care C	enter E	BETHESDA	OF DEATH	9c. COUN	TY OF DEATH				
DIRECTOR	D.C. 106. COUNT	Y		Shimton	·		10d. INSIDE LIMITS				
FUNERAL		treet, N.W.		2000		12	EN OF WHAT COUNTY				
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECÉDENT EVER IN U.S. FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF If yes, specify Cuben, 1 YES 2 NO	Mexican, Puerto	IN? (Specify Yes or No— Pilcan, etc.)	14. RACE — American Black, White, etc. Specify: BL				
LETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION 16a. Completed) College (1-4 or 5 +)	life. Do NOT use ret	done during most of working tired.)	16	b. KIND OF BUSINESS/INDU	USTRY				
COMPL	17. FATHER'S NAME (First, Middle, Last)	2700	Home	Maker 18. MOTHER	R'S NAME (First	Middle, Malden Sumame)					
TO BE	199, INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	20e. METHOD OF DISPOSITION    DATE   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Commi										
	4 Donation 5 Other (Specify) Genwood Cemetery 3/25/92 Washington, DC  21. SIGNATURE OF FUNERAL SERVICE MICENSEE  22. NAME AND ADDRESS OF FACILITY										
	De. 011	1		W.H. Bacoi	2 File	eral Home					
	AA DATE I Substitute Manages of	Baan		3447 14	th Stre	et. NW V	Nash Do				
	23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	elio va	3447 14	, auch ee ca	et. NW V	Mash DC est, Appro- interv. Onset				
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTI CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last Mary	) V	BRANDSTI			2. DATE OF DEATH OF OB 31	1992	3. TIME OF DEATH 5:31 P. M		
	4. SOCIAL SECURITY NUMBER 214-52-4389	1 🗆 M 2🏋 🖟		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Aug. 15, 194	a mer	HPLACE (State or Foreign Thington, D.C		
TOR	90. FACILITY NAME (If not institution, give Prince Georges RESIDENCE OF DECEDENT			Chever 1	LOCATION OF DE	EATH	9c. COUNTY OF Prince			
FUNERAL DIRECTOR		tgomery		rown or Locati tonsv11				10d. INSIDE CITY LIMITS? 11 TYPYES 2 NO		
NERAI	13516 Greencastle				ZIP CODE 20866		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1   IF YES, GIVE WAR	YES 2 THO		NDENT OF HISPAN city Cuben, Mexica 2 XXVO Specify	Blac	E — American Indian, ck, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOTE seriered.)  17. College (1-4 or 5+)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOTE seriered.)  18b. END OF BUSINESS/INDUSTRY (Give kind of working life. Do NOTE seriered.)  18c. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOTE seriered.)  18b. KIND OF BUSINESS/INDUSTRY (Give kind of working life. Do NOTE seriered.)  18c. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOTE seriered.)									
BE COM	17. FATHER'S NAME (First, Middle, Leet) Edgar J. Edwards  18. MOTHER'S NAME (First, Middle, Melden Sumame) Edith L. King									
2	John W. Brandstet	tter				ge Terr, Bu		le,MD 20866		
	20b. PLACE AND DATE OF DISPOSITION (Name of Market Disposition (Name of Market Disposition of Date Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Name of Market Disposition (Na									
	1. SIGNATURE OF FUNERAL SERVICES	Vain				anham Fune Rd.,Lanha				
	23. PART I Enjor the disease, or skock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.	enter the mod		h aa cardiac or reapi	ratory arreat,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
A	PART II Other algorificant condition	na contributing to de	ath but not resulting in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	the underlying	cause given in	Part I. 24a. WAS AN PERFORI	MED?	S. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL:		THER:	CE OF DEATH (Che					
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJ (Month, Day, ) 03/31/19	296. TIME 0 INJURY 4:20P	Y 28c. INJU WOR 1 YE	RY AT	6 Other (Specify)  28d. DESCRIBE HOW IN  Passenger  Impact	in Auto			
	Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, farm, etree (Specify) Public Roa			281. LOCATION (Street at City or Town, State) Mead Roads				
COMPLETED			knowledge, death occurred a ination end/or investigation, is					e) end menner se stated.		
TO BE (	291. SIGNATURE AND TITLE OF CERTIFIE	turke	mo		O.C.M.		29d. DATE SIGNED			
	7. 7. 0.	co, mo	) 111 Pen	n Stree	t, Balti	more, Mary	vland 21	201		
	APR 0 3 199	32 Julia.	Sugnature Davidson-Randal	2						



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FOR STATE REGISTRAR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH														
PHILLIP		LEROY			BROD	ERIC	CK		04	01	1	992	8:56	Α.
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la	st birthday)		R I YEAR	IF UNDE		7. DATE OF B	HFTN	_	8. BIRTNE	PLACE (State or Fr	omian
220-56-5192		1√ M 2 □ F	36	YRS.	MONTHS	DAYS	HOURS	MIN.	August	5,	1955	Wash	ington,	D.
9a. FACILITY NAME (If not it					9b. CITY, TOWN OR LOCATION OF DEATN						9c. COL	NTY OF DE	ATN	
10000 BALTI		VE			C	OLLE	GE P	ARK			PRIN	CE GE	ORGES	
RESIDENCE OF DE	10b. COUNT	Y		10c CI	TTY, TOWN OR LOCATION									
Maryland	Ann	Arundel			ssup								10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER		TIL GILGEL		000	oup	10	f. ZIP COO	E			10- CIT		1 2 YES 2	NO
E 1 Craig	Drive					"	2079	_				U.S.A		
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	RMED	12.	WAS DEC			NIC ORIGIN? (S	nacify Van			American Indi	
1 Never Merried 2 3 Widowed 4 XX		FORCES? 1 IF YES, GIVE V	WAR OR DATES IN Era	NO		Il yes, sp	ecify Cubi	en, Mexico	en, Puerto Rican	, etc.)		Black, Specify	White, etc.	
15. DEC	EDENT'S EDU	ICATION	16a. D	ECEDENT'S	USUAL C	CCUPATI	ON		16b. KIN	O OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (		College (1-4 or 5	- 46	Give kind of	work done ise retired.)	during me	ost of worki	ng						
12 Heating						A/C Mechanic Sears and Roe					oebuc	k Co.		
17. FATHER'S NAME (First, A							18. MOT		AME (First, Middle		Surname)			
	William Broderick							Je	ean Pau	1				
									Route Number, C	,		,		
Patricia C.		rick	2	2404	Free	mont	St.	,Rol	ling M	eado	ws,I	LL. 6	8000	
20e. METHOD OF DISPOSITION  1 Genetic 20 Procession 1 Removal from State  4 Doorston 5 Other (Specify)  20b. PLACE AND DATE Of Disposition (Name of Cematory 4-3-92 Alexandria, Vi														
21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY Rendon/Hale Lanham Funeral Home														
A fl	81/	11/m											nd 2070	
DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	PART II. Other algoriticent conditions contributing to death but not resulting							given in	Part I. 24a.	WAS AN / PERFORI	MED?		WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF OEATH?	TO
												1		
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATN (Ch	eck only one)					
1 X YES 2 NO		1 - Inpetient 2		1	4 🗆 Nur	rsing Non	6 5 🗆 R	eldenca	MXOther (Spe	ectty) $10$	000	BALTI	MORE AT	Æ
27. MANNER OF DEATH	Pending	28e. DATE OF (Month, D	ay, Year)	28b. TIN	URY		PIK?		28d. DESCRIB					
2 Accident	Investigation	04-01-			М	1 🗆		NO					HOT WOU	JND
	Could not be detarmined	25e. PLACE O building,	FINJURY — At he atc. (Specify)		KING		ffice 28f. LOCATION (Stri		vn. State)					
		ICIAN: To the best of												
296. PROPARTURE AND TITLE			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	veatigatio	eri, mi my (	pprinon, d				prace, and				sted.
16 10	OF CERTIFIE	181	· MAG					ENSE NUI					Month, Day, Year)	
10. HAME AND ADDRESS OF	PERSON WIL	O COMPLETED CAN	OF OF OF ITH	M 07 (7	0-/		0.0	.M.E			04	-02-1	.992	
V.LALON	16	CKES 1	mp			ENN	STRE	ET B	ALTIMO	RE M	ARYL	AND 2	1201	
31. DATE FILED (Month, Day,	% 3 199	32. REGISTRA	a Davidson											



30, BALTIMORE, MARYLAND 21215-0020	JIMS PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 beath with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	FRANK J. BRADY	,					1	MONTH	DAY	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday	IF UNDER	R 1 YEAR	IF UNDER 24 H	IRS. 7	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL. Country)	ACE (State or Foreign	
	112-10-8306  9a. FACILITY NAME (If not institution, give	1)X) M 2 🗆 F	77 YRS.	1100.00			(	12-01-	-13 N.Y.CITY			
E E		ris Hospice		96. CITY		TOWSON		н		nty of Deal Ltimor		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN								l ba.	LCHIDI	e	
L DIRECTOR		ICE GEORGE		REL		ZIP CODE			10d. INSIDE CI LIMITS? 1 \( \text{YES 2}\)			
ERA	8804 ORWOOD LANE				101	2070	8			JSA	T COUNTRY?	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 X X Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? XIX YES IF YES, GIVE WAR DR D	ATES 1 YES 2 TNO Speci					ANIC ORIGIN? (Specify Yea or No.— 14.			American Indian, hite, etc.	
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	16a. DECEDENT'	S USUAL O	CCUPATID	oN st of warking		166. KIND OF B	USINESS/IND	USTRY	MILLIE	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	The state of	k done during most of working sitred.)				DACE	COURS	E	
COMPL	17. FATHER'S NAME (First, Middle, Lest)	HUEK	18. MOTHER	S NAME			COOKS	E				
TO BE C	FRANK J. BRADY		18. MOTHER'S NAME (First, Middle, Maiden Surname)  MAE K. HAPEMAN									
	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	JANE P. BRADY  20a. METHOD OF DISPOSITION			_			AURE			20708		
	1 Burial 2X XCremation 3 Real	moval from State	ALTIMORE				FMA	ORY 1		City or Town, MARY		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	1212110112					HOME, IN		, Tartici	Critto	
Ł	1 Salle					RING ROAL		JREL.	MD 20707			
7	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart fellium that only one sause in each line.  Approximate interval Between Onset and Death disease or condition resulting in death)  a. SMALL CELL LUNG CANCER  OUE TO (OR AS A CONSEQUENCE OF):  METASTASES TO VERTEBRAL SPINE & BONE											
SERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):										
0	PART II Other significant conditions contribute to deliver and the last conditions and the last conditions are the last conditions and the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last conditions are the last condit											
MEDICAL C	PERFORMED?  1 YES 2 NO OF DEATH?										MPLETION OF CAUSE DEATH?	
: MEDICAL								-		1 [	YES 2 ND	
	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH	(Check	only one)		1 (	YES 2 ND	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	etient 3 🗆 DOA	OTHEF	₹:		3	only one)	Hospi		YES 2 ND	
PHYSICIAN:	EXAMINER?  1  YES 2 ND  27. MANNER OF DEATH  1 Netural 5  Pending		26b, TII	4 🗆 Nun	R: sing Home 26c. INJU WO!	5 🗆 Reside JRY AT RK?	nce 8 2	,		ce	YES 2 1 ND	
D BY PHYSICIAN:	EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	26b. Till IN	4 - Nun ME OF JURY M	R: sing Home 26c. INJU WO! 1   Y	5 Reside	nce 8 28	Other (Specify)	INJURY OCC	CC :URED	<i>y</i>	
BY PHYSICIAN:	EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicida 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28a. DATE DF INJURY (Month, Day, Year)  28a. PLACE OF INJURY 28a. PLACE OF INJURY	— At home, farm,	4 Num ME OF JURY M street, fact	26c. INJL WOI 1 Y  Ory, offica	5 Reside	28 28 due to 1	6 Other (Specify) d. DESCRIBE HOW f. LOCATION (Street City or Town, State	and Number	CC SURED or Flural Flouring	Number,	

O. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

32. REGISTRAR'S SIGNATURE
JUNA DAVIDSON-RANDELL 31. DATE FILED (Month, Day, Year)
APR 0 3 1992 I VA

DHMH-16 Rev 1/89

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<	9	Cian
	hcate	physic
5	certi	dina
Ľ	death	affen
0	the	the
2	that	A P
3	lires	Signe
Ų	requ	DAA
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₹	The	no h
DIVISION OF VITAL RECORDS, F.O. BOA 13148,	ICIAN:	artifica
5	PHYS	thie c
5	DING	After
2	VITEN	ma.
3	OR	DIRF
	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with	CINEDAL DIRECTOR: After this certificate has been signed by the attending physician and complete

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Lest)	BURRH	us			2. DATE OF DEATH MONTH DA	" 95	3. TIME OF DEATH		
2		4. SOCIAL SECURITY NUMBER 238-12-8693	5. SEX 8. AGE (1	In yrs. lest birthday) IF I	MDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		ORTH CAROLINA		
N.	N.	98. FACILITY NAME (If not institution, give a	treet and number)	HOS 1) 90.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY			
ages 1, 2.	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		10c. CITY, TO	WON OR LOCAT	ION			10d, INSIDE CITY LIMITS?		
physician. burial-transit permit. Pages 1,		10e. STREET AND NUMBER	OWARD	2015114	101.	ZIP CODE	12/		1 YES 2 NO OF WHAT COUNTRY?		
physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	SRIEN L N U.S. ARMED X KINO	If yes, spe	city Cuban, Mexica	IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	USA or No- 14.	RACE — American Indian, Black, White, etc.		
attending ph	ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗍 YES	X X NO Specify	:		Specify: WHITE		
9 9	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ref HOMEMAKER	done during mos ired.)		166. KIND OF BUS		RY		
the hospital detached for once.	OMF	17. FATHER'S NAME (First, Middle, Last)	0	HUMLMAKEK		18. MOTNER'S NA	ME (First, Middle, Maiden				
3 E &	BE (	ROBERT LEE PRIVO	DEER (Charles		A HALLSEY  Route Number, City or Tow	n Photo Tin Con					
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6 may stor, pa		274 METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	ORT LINCOL				CATION — City  NTWOOD	or Town, State		
death. Page the funeral direct the examiner n		21. SIGNATURE OF FUNERAL SERVICE LIC		OKT EINOOL			HOME, INC		,		
0 = 0		23. PART 1/Enter the diseases, or	rilea dei	-			RING ROAD	_			
24 nou filled is ion, or he me			List only one cade on a	umoni		ue of dying, suc	ii as caldisc or respi	ratory arrest	Approximate interval Between Onset and Death Q day 5		
B 2 - 9	z		DUE TO (OR AS A	A CONSEQUENCE OF):							
cian for 1	SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF):							
certi nding Hygie	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
Me Me	AL CE	PART II. Other significant condition			ne underlying	g cause given in			24b. WERE AUTOPSY FINDINGS		
has been signed by Dept. of Health and n 23 shows any In	MEDIC	Metabolic	Acidosi	5			PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
V: The law cate has b State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN: The this certificate I with the State thed, or Item	HYSI	1 TYES 2 NO	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY	patient 3 DOA 4 [	Nursing Hom 28c. INJ	URY AT	6 Other (Specify)  28d, DESCRIBE NOW	INJURY OCCUR	ED		
DING PHYS After this of death with	ву Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 1						
TTEND TOR: A after d		3 Suicide 6 Could not be 4 Nomicide detarmined	building, etc. (Spe	f — At home, ferm, stree city)	rt, factory, offic		26f. LOCATION (Street City or Town, State)	and Number or r	tural House Number,		
型を 対	COMPLETED	(Crieck only	ER: On the basis of axamination	-					suse(s) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	alla WO			29c. LICENSE NU	MBER 0 13	29d. DATE S	GNED (Month, Day, Year)		
	TO	30. NAME AND ADDRESS OF PERSON WI	ler M.D.	9501 018	Anna	polis	Rd. Ellis	COTT C	ty 002/042		
į.		APR 0 3 199	2 32. REGISTEAR'S SIGN	vature 4dson-Randell	-						



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or at TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	V	or at	nse			
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	Items 1,6,12, per	F.H., G-68	9, 7/29/9	12 gn					9	2 1085	7
	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND C	DEPAR	TMENT OF	HEALTH F DEAT	AND ME	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last,		P Art	hur Th	omas Bru	nson, S	۲. 2.	DATE OF DEATH		SEAR 105 OF	,
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER I YEAR		24 HRS. 7.	DATE OF BIRTH	7	BIRTHPLACE (State or Fore	ign
	577-62-9038  9a. FACILITY NAME (If not institution, give	1 M 2 F	44 45 Denid	YRS.				01-13-4			3.
OR	2140 Brooks D		Reside	ence	PL CITY, TOWN	TUTTI	OF DEATH	MD	9c. COUNT	P.G.	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  MD Pri	nce Geor	ges	10c. CITY	RESTVI		10d. INSIDE CITY LIMITS?	=			
FUNERAL (	100. STREET AND NUMBER 2140 Brooks D	rive				IOI. ZIP CODE	20747		10g. CITIZI	1 XYES 2 NOTE NOT WHAT COUNTRY?	)
BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES					2 NO If yes, specify Cuban, Mexican, Puerto Rican, at				
9	15. DECEDENT'S EDI (Specify only highest grad	15. DECEDENT'S EDUCATION (Specify only highest grade completed)						16b. KIND OF BU	SINESS/INDU	Black	-
COMPLETED	Elementary/Secondary (0-12)	life	. Do NOT us	ork done during in retired.)				Mil	itary		
E COA	17. FATHER'S NAME (First, Middle, Last)  John T. Brun:			18. MOTHER'S NAME (First, Middle, Meiden Surreme)  Inez Lanham							
TO BE	190. INFORMANT'S NAME (Typo/Print) Arthur Brus	nson	19	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2140 Brooks Dr., Forrestville, MD 2							
	20a METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 Removal from State  20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify)	DENSEE	Wash	ningt				/26/92		tland, MD	
	22 NAME AND ADDRESS GREACHTY Funeral Home 3200 R.I.Aye., Mt.Rainier, MD 20712										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate interval Betwoen the condition resulting in death)  Approximate interval Betwoen the condition resulting in death)										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other algnificant condition	s contributing to c	leeth but not r	eaulting in	the underlyle	ng cauae gi	ven in Part	I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
SICIAN:	25. WAS CASP REFERRED TO MEDICAL										
SICI	EXAMPLER?	HOSPITAL:	ER/Outpetient 3		OTHER: 4 Nursing Ho	ne 5 A Rea	/				
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF II (Month, Day		28b. TIME INJU	OF 28c. IN	JURY AT ORK? YES 2	28d	DESCRIBE HOW II	NJURY OCCU	RED	
	3 Suicide 6 Could not be determined	28e. PLACE OF building, at	INJURY — At holes, (Specify)	me, farm, st	reet, factory, offi	ce	2af.	LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIEVING PHYSI One) 2 MEDICAL EXAMINE	CIAN: To the best of m	ny knowledge, de	ath occurred	f at the time, dat	e and place, a	and due to the	cause(s) and man	ner as stated.	euse(s) and manner as state	
BE CC	396 SHANATURE AND TITLE OF CERTIFIC	7			, my opinion,		SE NUMBER	outs and place, an		IGNED (Month, Day, Year)	d.
TO B	MANE AND ADDRESS OF AFRONSING	Tulya.	MA			42	123	0	▶3-	77-92	
	Auchesto P. Kac	11 18402	SP DEATH (ITEN	500	9 Pa	ther	nct	.105	111-1	MANTO	8
	MAR 2 5 1992	32. REGISTRAR	SEIGNATURE Javason-1	Pandeles	1/	/		7		100	



M	pian.	-transit permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Victor Be	njamin	D.	1	C			EAR D		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	owling,		April 7,	1992			
				MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	217-32-0915	1X□ M 2 □ F 8	9 YRS.		1.00.1.0	(Month, Day, Year) 6/24/19	02 M	aryland		
æ	Be. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY	OF DEATH		
	51			. 51						
13	Physicians Memorial Hospital La Plata Charles									
E C	10a. BTATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS									
E	Maryland Cha	rles		To	Plata		LIMITS?			
-	100. STREET AND NUMBER	TIES					XX YES 2 NO			
3					. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL DIRECTOR	l Maple Avenu	e			20646		U	.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14,	RACE — American Indian, Black, White, etc.		
F	1 Never Married 2 1 Married	FORCES? 1 YES	XXNO	If yes, sp	2 NO Specific	in, Puerto Rican, etc.)		Black, White, etc.		
BY	3 Widowed 4 Divorced	II TES, GIVE WAN ON I	AIES	I LI TES	2 NO Specifi	Y		specify: White		
0	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	HELLAL OCCUPATION	NA .					
H	(Specify only highest grade	completed)	(Give kind of w	ork done during mo	st of working	16b. KIND OF BUS	SIMESS/INDUS	IHY		
3	Elementary/Secondary (0-12)	College (1-4 or 5+)		12.0						
P P		3	Busine	ss Man	-Retir	ed Self	-empl	oyed		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
<u></u>	Phillip S	imms Bowl	ing		Maria	Louisa	Ste	nart		
H	18a. INFORMANT'S NAME (Type/Print)			ADDRESS /Steet a	and Mumber of Burni	Route Number, City or Tow	0 000	ualt		
2	Ann B. Davis									
						ta, Mary				
	20s. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem	oval from State	b. PLACE AND DATE O	F DISPOSITION (Na	me of	DATE 20c. LO	CATION — City	or Town, State		
	4 Donation 5 Other (Specify)	I	rinity	Memori	al Gard	lens 4/10	192 W	aldorf,Md.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	ID ADDRESS OF FA	CILITY				
	m -/ /	n L	//	ARE	HART FU	NERAL HO	ME, IN	C.		
	ruchael	O. Kada	-one	P.0	. Box 5	67, La P1	ata.M	d. 20646		
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do n	ot anter the mo	de of dying, suc	h aa cardlac or reapi	iratory arrest.	, Approximata		
		List Dnly one cause on	each line.					Interval Between		
	IMMEDIATE CAUSE (Final Disease or condition									
	resulting in death)	· Lara	A CONSEQUENCE OF	1040	4.0					
		DUE TO (OR AS	A CONSEQUENCE OF	):						
z	2-2-2-2-1	b.			1					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	):						
X	cause. Enter UNDERLYING							1		
E I	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	):						
E	resulting in death) LAST							İ		
<u>iii</u>		d								
7 1	PART ii. Other aignificent condition	ne contributing to death	but not resulting l	n the underiving	ceuse given in	Part i. 24s. WAS AN	ALITOPEY	24b. WERE AUTOPSY FINDINGS		
EDICAL	Α .				, coaco garon m	PERFOR		AVAILABLE PRIOR TO		
ă	20101	a Cassus	LCa			1 _ YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
9								1   YES 2   NO		
÷										
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	act anti-anni				
2	EXAMINER?	HOSPITAL:		OTHER:	SACE OF BEATT (OF	ock orny one)				
× S	1   YES 2   10	1 Impatient 2 ER/Out			e 5 🗆 Residenca	8 Other (Specify)				
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT RK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED		
ВУ	1 Pending 2 Accident Investigation				ES 2 NO					
	2 Deviate	26s. PLACE OF INJUR	Y At home, farm, s	treet, factory, office		28f. LOCATION (Street a	and Number or F	Rural Bouta Number		
	4 Homicide determined	building, atc. (Spe	icify)			City or Town, State)		and House Homber,		
COMPLETED										
4	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	riedge, death occurre	d at the time, data	and place, and due	to the cause(s) and mar	ner as stated.			
≥								suse(a) and manner on stated.		
	296. SIGNATURE AND TITLE OF CERTIFIE									
띪	296. SHAMME AND TITLE OF CERTIFIE	n .			29c. LICENSE NUI	WBER	29d. DATE BI	GNED (Month, Day, Year)		
5					D-259	92	> d	17/92		
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	TH (ITEM 27) (Type,	Print) DO D	OY 100	18 N. HO	יני עוזי	1		
	Khadar Baig	M D	1	To D	12+2	Maryland	20616	<b>†</b>		
	31. DATE FILED (Month Day Year)	22 DECISTRADE SIO	NATURE		iala,	nar yranu	20040	)		
III	APR 0 9 '92	deli Tai	bon-Andell	L						
NE.		7 4 7 4 1 4 1		_						

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

- STATE REGISTRAR								-					
1. DECEDENT'S NAME (First, I	Aiddle, Last)							2. DATE	OF DEATH DA		YEAR	3. TIME OF DEAT	1
Toseph A.		Rerber						0.3	23	19	92	5:00	P
		S. SEX 1XXM 2 □ F		. last birthday) . O yrs.	IF UNDER	DAYS HOU	NDER 24 HRS.	7. DATE (	Dey Year)		6. BIRTH	Hington	Ngn
213-58-8761  Da. FACILITY NAME (If not inst				O THS.					-21	_			ע
	-					, TOWN OR LO		EATH			NTY OF D		
4108 Denfi	eld	Avenue			K	ensin	gton			Mc	ntg	omery	
	10b. COUNTY			10c. CI1	Y, TOWN O	R LOCATION						10d. INSIDE CITY	
MARYLAND	M	ONTGOME	ERY	1 200	KI	ENSING	CTON					LIMITS?	10
De. STREET AND NUMBER					141	10f. ZtP (				10a CIT	ZEN OF V	WHAT COUNTRY?	
4108 DENF	TELD.	AVEENI	म			20	0895					D STATE	C
MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S	ARNED	13. 1	WAS DECENDED		NIC ORIGIN	/ (Specify Yes				_
Never Married 2 A		FORCES?	1 PES 2 WAR OR DATES	20.00		If yes, specify C	Ouben, Mexico	n, Puerto A ly:	ican, etc.)		Speci	E — American India k, Whita, etc. "Y White	,
15. DECE (Specify only	DENT'S EDU		16a	DECEDENTS	USUAL O	CCUPATION		16b.	KIND OF BUS	SINESS/INC	USTRY		
Elementary/Secondary (0-1	-	College (1-4 or 5	+)	life. Do NOT u	work done ( se retired.)	during most of w	rorking						
12TH			F	Research	ch Wr	iter			Priva	te-Pi	iblic		
FATHER'S NAME (First, Mid							MOTHER'S NA						
RICHARD S.	BER	BERICH					BER	THA	ANDE	RSON			
a. INFORMANT'S NAME (Typ	e/Print)			19b. MAILING	ADDRESS	(Street and Nur	mber or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)	-	
RICHARD	S. B	ERBERIC	CH	4108	DENI	FIELD	AVE.	, K	ENSI	NGTO	N, I	MD 2089	5
METHOD OF DISPOSITION	N	d la la vice				ITION (Name of		OATE	20c. LO	CATION -	City or To	wn. Stata	-
LYBurial 2 ☐ Cremation ☐ Denation 5 ☐ Other (	3 🗌 Reme	ovat from State	cerpeter	TE ator OF	ther place)	AVEN C	CEM.	3-30				SPRING	
. SIGNATURE OF FUNERAL	SERVICE LE	ENGE	-		-	NAME AND ADI							
		distance of the	10		66.	NAME AND AD	DUESS OF LY	WILLIAM TO	3./ T	TITT	T3 37 3		,
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	- Pobess	Dave	11 40		2. DATE OF C	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	T Rebecca				-3		92	6 A M	
	579-24-3935	1 M 2 DF	7 9 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	( Year)	Wash	PLACE (Stote or Foreign ington, D.(	
TOR	90. FACILITY NAME (If not institution, give street end number)  10017 GREENBELT Road 101 LANHAM  PRESIDENCE OF DECEDENT  PRESIDENCE OF DECEDENT  PRESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY	E GEORGE		TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1  YES 2\ NO	
BY FUNERAL	100.17 GREEN be	ett Load	apt 101	10	f. ZIP CODE 20706		10g. Ci		U.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2XXNO MATES	If yes, s	CENDENT OF HISPA recify Cuben, Mexico 3 2 NO Specif		or No— 14. RACE — American Indian, Black, White, etc.  Specify:  Luhit-				
입	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S U	SUAL OCCUPATI	ON of working	16b. KINI	OF BUSINESS/IN			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	bookkee	retired.)	ost or working	reta	ail clot	hing		
	17. FATHER'S NAME (First, Middle, Last)  Julius H. Snider					ME (First, Middle e Cocl	, Melden Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAJUNO A	DDRESS (Street	and Number or Rural			in Codel		
2	George W. Ballenge				. Bolder			,, (()		
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Remo  4  Donation 8  Other (Specify)	rvat from State	o. PLACE AND DATE OF metery, cremetory or other edar Hill	DISPOSITION (No. Cemete:	erv 3		Suitlar			
	21. SIGNATURE OF FUNERAL SERVICE LICE		1	22. NAME A	ND ADDRESS OF FA	CILITY	4308	Suit1	and Rd.	
-	23. PART I. Enter the diseases, or co	Jelbail							MD. 20746	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF:	Inta	rction	Jew lav	Disen	Je	Interval Between Onset and Dasth MINUTES YEARS	
: MEDICAL	PART II. Other algnificant conditions	contributing to death t	out not resulting in	the underlyin	g ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	eck only one)				
3	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out		OTHER:	ne 8 KReeldence		a thui			
PHYSICIAN: MI	27. MANNER OF DEATH  1 Netural 6 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT ORK?		E HOW INJURY O	CURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	/ — At home, farm, stri	At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
COMPLEIED	20. CERTIFIED	HAN: To the beat of my know	riedge, death occurred	at the time, date	end place, end due	to the cause(e)	and manner se str	eted.		
Š		R: On the basis of examination							end menner ee stated.	
n n	296. SIGNATURE AND TITLE-OF CERTIFIER	1 Deputy	Medica	af	29c. LICENSE NUI	WBER	29d, DA	TE SIGNEO	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	MINOV ATH (ITEM 27) (Type, P Dutton 6:	rint)	201	552	7	3-2	4-92	
	PAULA. DEVORE, N	42036	weens 5	ty Ra	Hyat.	tsuille	MI) =	2018	3/	
	MAR 30 1992	32. REGISTRADE SIGN	son-Randall							



Last A y E



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First,	, Middle, Last)		1. DECEDENT'S NAME (First, Middle, List)  2. DATE OF DEATH  3. TIME OF DEATH									
	Bes	512	Grace	134	AN	<b>V</b>				MONTH 70	, 0	YEAR	5:15 A.
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.		_	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		a. BIRT	HPLACE (State or Foreign
	215-36-3021		1 - M 2 8 F	9%	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	0	Count	(1/1)
	9a. FACILITY NAME (If not in	nettration ohm e	- 1	10		0.000				7-10-7	7		hington, DC
œ						-		OR LOCATI		ATH	9c. COL	INTY OF E	DEATH
DIRECTOR	Holy Cross	Hospit	al			Si	lve	r Spr	ing		M	ontg	omery
E C	10a. STATE	10b. COUNTY	Y		10c, CI	TY, TOWN (	OR LOCA	ATION					10d. INSIDE CITY
<u>≅</u>	Maryland	Defn	ce George	.1.									LIMITS?
	10e. STREET AND NUMBER		ce George	3 5	_ R1	verd.		M 7/0 COD	-		40 04		N YES 2 NO
10.120 000										10g. CITIZEN OF WHAT COUNTRY?			
2	6407 62nd P.					0737		U.S.A.					
	1 Never Married 2	ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuban, Mexican, Puerto				IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RAC Blac	E — American Indian, k, White, atc.			
à	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			1 YE	S 2 📉 NO	Specify	r:		Spec	White
3	15 DEC	EDENT'S EDU	CATION	140-	DECEDENT'S	1	1					1	white
	(Specify only	y highest grade	completed)		(Give kind of	work done	during m	nost of working	ng	16b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0	0-12)	College (1-4 or 5 a								_		1
COMPL	17. FATHER'S NAME (First, M	ficielle Lond	12		lousew	lle		200.000				Home	
_								1		ME (First, Middle, Meiden :	Surname)		
H	Charles Rep									Scheuch			
2										Route Number, City or Town			
	Grace A. Fra								Rive	rdale, Mar	ylan	d 2	0737
	20a. METHOD OF DISPOSIT	on 3 🗆 Reme	ovel from State	20b. PLAC	CE AND DATE	OF DISPOS	SITION /	iame of					own, State
	4 Donation 5 Other			Ft.	Crematory or C Linco					/31/92 Bre	ntwo	od,	Maryland
	21. SIGNATURE OF FUNERA	L BENNIGE LIC	ENDER ()	_				ND ADDRE		s Sons Fu	2000	1 U.	mo DA
	1 lane	1	to usko	1111	)								lle, MD 2078
	23. PART . Enter the di	Iseesea, or o	complications the	t coused the	death. Do	not enter	the m	ode of dv	ng, auci	as cardiac or reads	ratory ar	rest	Approximate
	shock, or he	esrt fellure.	List only one cau	se on each II	lne.							1	interval Between
	IMMEDIATE CAUSE (Fin disease or condition	nat	Ac	+-	P	1101		nox	110	L'a 110	1. 00	1	Onset and Death
	reaulting in death)		DUE TO	COR AS A COM	RECITENCE O	A-EC	LY	nos	11	17/11/1	IM	Ila	Herry
		_	1		4-	1.	200	4		'			Hondo
CERTIFICATION	Sequentially ilst conditi		DUE TO	OR AT A CON	Louis o	610	V	1					14119
ξ	if any, leading to Immed cause. Enter UNDERLY		Car	ho	5		. 1	loni	A	to b			1100
2	CAUSE (Disesse or Inju	iry	DUE TO	OR AS A COM	SEQUENCE O	m.	-0	een	1	sain	-6		, your
	resulting in death) LAS	Т		· ·									i Y
			d					-4					-
2	PART II. Other significs	nt condition	s contributing to	death but no	t resulting	In the un	derlyin	g cous	given in			246	. WERE AUTOPSY FINDINGS
3	ALL	+	· ru	Mu 1	Tra	Pla	0	1 10	21 ns	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
		- [				1			-/-	10 163 2	X no		OF DEATH?
										—			1 TYES 2 NO
SICIAN.	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF D	EATH (Chi	ock only one)			
3	EXAMINER?		HOSPITAL:	ER/Outnations	3 🗆 004	OTHER	<b>1</b> :			6 Other (Specify)			
	27. MANNER OF DEATH		28a. DATE OF		28b. TIN		_	JURY AT	sidence	26d. DESCRIBE HOW IN	LIURY OC	CURED	
-		Pending	(Month, Di	ry, Year)	IN.	JURY	W	ORK? YES 2	NO.			OUILD	
5	3 Syladda	Investigation	26a, PLACE O	F INJURY — At	home, farm.	street, fact				26f. LOCATION (Street a	nd Mumba	r or Ormal I	Pourte Mumber
3	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, building, etc. (Specify)							-		City or Town, State)	na rvannoe	r or nureiri	wodie Number,
	29a. CERTIFIER												
MITTE	(Check only									to the cause(a) and man			
3	2 MEDI	CAL EXAMINE	R: On the basis of a	amination and/	or investigation	on, in my o	pinion,	desth occur	ed at the	time, data and place, and	due to ti	he cause(s	) and menner as stated.
	291 HIGHATURE AND TITLE	OF CERTIFIER	1.	Δ	()			29c. LICE	NSE NUM	BER _	29d. DAT	E SIGNED	(Month, Day, Year)
	Deorge	15 10	mek	Din	1			Do	194	1417	▶3	-2	9-92
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (I	TEM 27) (Type	, Print)	a	77	1 0	DIOLI	; T	0	122112
	George.	D.7	ATA 11	エナ	RM.	1).	1	11	015	- 000	111	774	Total.
	21. DATE FILED (MICH (CT)	"NY 1 10	32. REGISTRA	NG SIGNATURE	מ	1.00	7	111	61	7/1/	MA	7/4	9 10010
	MAR	21 13	of gu	wa waved	son-Man	nauc					/	1	
_													

1600' SL

1/3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4 Homicide

2 MEDICAL EXAMINER: On the beele of

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN	E	2	10862		
	1. DECEDENT'S NAME. (First, Middle, Las	W. JAMES BLACK	CBURN BLACK	BUR	N	2. DATE OF DEATH MONTH	M, 19	EAR 3	7:48A		
	4. SOCIAL SECURITY NUMBER 579 32 3505	5. SEX 6. AGE	(In yrs. leet birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	. 7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign		
TOR	90. FACILITY NAME (If not institution, give 2519 Southern A	venue Apt 101		DEATN	PRINCE GEORGES						
DIRECTOR	10e. STATE 10b. COU		10c. CITY, TOWN OR LOCATION TEMPLE HILLS					10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2519 Southern	Avenue #101		10	N. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY? UNITED STATES			
ВУ	11. MARITAL STATUS 1 Never Married 2. Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR ARMY RETIRE	T EVER IN U.S. ARMED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, apacity Cuban, Maxican, Puerto Ricen, atc.)						- American Indian, White, stc.		
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12	DUCATION ade completed)  College (1-4 or 5+)	(Give kind of life. Do NOT	"S USUAL OCCUPATION of Work done during most of work done during most of working use retired."  DRIVER-MILITARY RET. PRIVATE AND MILITARY RET.					LITARY		
BE CO	17. FATHER'S NAME (First, Middle, Last) WILLIAM BLAC	KBURN			18. MOTHER'S P	NAME (First, Middle, Melden A REYNOLDS	Surneme)				
TO B	190. INFORMANT'S NAME (Type/Print) ERNESTINE REEDE)	R BLACKBURN				#101, Temp			1d. 20748		
	20e. METHOD OF DISPOSITION  1										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  M859  M859  M859  M859  M859  M859  M859  M859  M859  M859  M859										
	23. PART I. Enter the diseases, o shock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that cause e. List only one cause on a.	each line.	not enter the mo	ode of dying, su	uch as cardlec or respi	ratory arres	t,	Approximate Interval Between Onset and Death		
LION	Sequentially list conditions, if any, leading to immediate	· Hyp	A CONSEQUENCE C	on:	arte	inclu	ite	8			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	E. DUE TO (OR AS	C/NO/ A CONSEQUENCE C						26		
PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditi	ons contributing to deeth Mutasta	but not resulting	in the underlyin	g ceuse given i	In Part I. 24e. WAS AN PERFOR	IMED?	CI	FERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO		
CIAN	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH	Check only one)					
PHYSI	1 Fes 2 NO 27. MANNER OF DEATN	1 ☐ Inpetient 2 ☐ ER/Ou  26e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28c. IN.	JURY AT	e 6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUP	RED			
D BY	1 Metural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b	28a PLACE OF IN HIS	Y — At home, farm,	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

32. REGISTAR'S SIGNATURE Juridson-Randell 01 199 APR

29c. LICENSE NUMBER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to



FOR

			CERTIFICA	TE OF DEATH	MENTAL HYGIENE REG. NO.			
	1. D "-	1		ee Bost	2. DATE OF DEATH MONTH 3	6 90	3. TIME OF DEATH	
	577-20-2902 98. FACILITY NAME (If not institution, give	1 □ M 2√□XF	69 YRS. MONTH	NOER I YEAR IF UNDER 24 HRS. HS DAYS HOURS HE	(Month, Day, Mar) 11-24-22	R. B.	Wash., D.C.	
DIMECTOR	Southern M RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	10. Hosp. C	enter	Clinton		Prin	ce Greage	
	Md. Pri	ince George		mple Hills		-	104. INSIDE CITY LIMITS? 1 ☐ YES 23€3000	
FUNERAL	4504 Harvest			2074	48	US	SA	
5	1 Naver Merried 2 Married  **X**Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	V U.S. ARMED	13. WAS DECENDENT OF HISP.  If yea, specify Cuban, Maxis  1 □ YEŞÇX DRO Specify Cuban, Maxis	RACE — American Indian, Black, White, atc. Specify: White			
LEIED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)		one during most of working id.)	166. KIND OF BUSIN	ESS/INDUSTR	ry	
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)		Homema		NAME (First, Middle, Maiden Su	wn Ho	me	
20	ROY M. Coak!	ey	Employa and a second	Dorothy Lee  a ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
2	Christine L	ong	46 Bell	Rd., Westm	ninster, Md.	State, Zip Code 211:	58	
	20a. METHOD OF OISPOSITION  M. XBirial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	Cen	<u>Cedar</u> Hi	11 Cemeter	v Sui	TION - CHy o	. bM. f	
	21. SIGNATURE OF FUNERAL SERVICE I	Both &	15	6633 Old Clinton.M	Alexander	neral Ferry	Home, Inc Road	
1014	23. PART I Enter the bleases, or shock, or heart fellurs immediate CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions,	e. Res	CONSEQUENCE OF:	of fair	lung d		Approximate Interval Betwe Onset and Del	
2	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	. Emj	CONSEQUENCE OF):	MQ.	0			
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO OR AFT		underlying ceuse given in	n Part I. 24a. WAS AN AU PERFORME 1 YES 2	0?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions to the conditions of the cause of the conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	d.  Due to for Africa.  Does contributing to deeth b	ut not resulting in the	28. PLACE OF DEATH (C	PERFORME  1 YES 2   (heck only one)	0?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions to the conditions of the cause of the conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	d.  Dons contributing to deeth b  HOSPITAL: 1   Inpatient 2   ER/Outp  28a. OATE OF INJURY (Month, Day, Year)	ut not resulting in the	26. PLACE OF DEATH (C	PERFORME  1 YES 2   (heck only one)	NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
LED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions to the conditions of the cause of the conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	d.  DUE TO OR AFT  d.  DOES CONTributing to deeth b  HOSPITAL:  1   Inputant 2   ER/Outp  28s. OATE OF INJURY (Month, Day, Year)	etient 3 DOA OTH 4 N	28. PLACE OF DEATH (C ER: turaing Homa 5  Residence 28c. INJURY AT WORK? 1  YES 2  NO	PERFORME  1 YES 2   check only one)  8 Other (Specify)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDING AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Chieve under Underlying that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of	d.  DUE TO (OR AFT  d.  DOES CONTributing to deeth b  HOSPITAL:    Inpetient 2   ER/Outp    28e. OATE OF INJURY (Month, Dey, Year)    28e. PLACE OF INJURY	etient 3 DOA OTH 4 NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH A NOTH	28. PLACE OF DEATH (C ER: turning Homa 5	PERFORME  1 YES 2   incheck only one)  8 Other (Specify)  28d. DESCRIBE HOW INJU  28l. LOCATION (Street and City or Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDING AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
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Section MD Hosp Liver States 12

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN REG. NO		10064	
8	1. DECEDENT'S NAME (First, Middle, Last) FRANK 4. SOCIAL SECURITY NUMBER	Pasquale	Potra	alico, S	Sr	2. DATE OF DEATH DO 3 28		3. TIME OF DEATH 2 9:40 P M	
	578-40-4417	1 <b>XX</b> M 2 □ F 59	yrs. lest birthdg,, YRS.	IF UNUER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	PI	SIRTHPLACE (State or Foreign Country) 111. PA	
TOR	9a. FACILITY NAME (If not institution, give a 9803 HEALY COURESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH  Oc. COUNTY OF DEATH  PRINCE GEO					
DIRECTOR	10a. STATE 10b. COUNT	e George's		y, town or Loc				10d. INSIDE CITY LIMITS? 1  YES 2  NO	
FUNERAL	100. STREET AND NUMBER 9803 Healy Ct.				101. ZIP CODE 20772			J.S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X NYES IF YES, GIVE WAR OR DATE KOYEAN		If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes en, Puerto Ricen, etc.) lly:	or No- 14.	RACE — American Indian, Black, White, etc. Specify:	
MPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation 1 Completed) College (1-4 or 6+) N/A	(Give kind of life, Do NOT u	USUAL OCCUPA work done during is se retired.)	siness/indus				
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Pasquale Bottal 19a. INFORMANT'S NAME (Type/Print)			18. MOTHER'S NAME (First, Middle, Malden Surname)  Louisa Arena					
2	Mary Diane Bottalico Same as 10 A-F								
Į.	1X Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State comet	y Land S	tate Ve	eterans C	em. Che:	ltenhar neral 1	m, Maryland	
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused to List only one cause on sec	must	at be	node of dying, such	hees hees	ratory arrest	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C							
MEDICAL	PART II. Other algolificent condition	ns contributing to death but	not reaulting	in the underly	ing cause given in	Part I. 24a. WAS AN PERFOR	IMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Dg YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2   NO	HOSPITAL: 1   Inpatient 2   ER/Outpati	ent 3 🗆 DOA	OTHER:	PLACE OF OEATH (Commo 5 (XResidence				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 03/28/92	28b. TIN 1N. 9:40	E OF 28c. I	NJURY AT YORK?  YES 2 NO	28d. DESCRIBE HOW I	I ICTE		
ETED	Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Specify	At home, farm, HOME	street, factory, of	lica	281. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 9803 HEALY COURT			
릴		ICIAN: To the best of my knowled						suse(a) and manner as stated.	
TO BE CON	296. SIGNATURE AND TITLE OF CENTIFIE	2-			O.C.M			9 / 9 2	
-	AM DIXON		PENN		T, BALTII	MORE, MARY	I AND	21201	
	APR 0 2 1992	Sur Davids A- Hor	No. BE						

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	10	T 01	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP

Dr. Emad

31. DATE FILED (Month, Day, Year) APR 0 2 1992

	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	AF.	2 10865			
	1. DECEDENT'S NAME (First, Middle, Last) Troy	Curtis	Boswell		2. DATE OF DEATH MONTH MArch 2		3. TIME OF DEATH 6:00 PM M			
d	4. SOCIAL SECURITY NUMBER 219-98-8236	5. SEX 8. AGE (In yo	rs. lest birthday) IF UND YRS. MONTH	B DAYS HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)			
TOR	Sa. FACILITY NAME (If not institution, give structure)  Calvert Memoria RESIDENCE OF DECEDENT	,		rince Freder	DEATH	96. COUNTY C				
DIRECTOR	10a. STATE 10b. COUNTY Maryland Calve	ert	10c. CITY, TOWN	on location peake Beach			10d. INSIDE CITY LIMITS? XXXXYES 2 NO			
FUNERAL	P.O. Box 819 3540	) Chesapeake I	Beach Rd E	. 10f. ZIP CODE 20732		10g. CITIZEN	U.S.A.			
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	NO	3. WAS DECENDENT OF HISP, If yee, specify Cuben, Mark	en, Puerto Rican, etc.)	RACE American Indian, Black, White, atc. Specify:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th	College (1-4 or 8 +)	IIIe. Do NOT use retired	e during most of working	Exxo	SINESS/INDUSTR	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			
BE CON		3oswell		18. MOTHER'S NAME (First, Middle, Maiden Surname)  Judy Ann Degges						
5	196. INFORMANT'S NAME (Type/Print)  William Boswell  Same as 10 A-F									
	20a. METHOD OF DISPOSITION  1 XBurial 2 Cremation 3 Remove  4 Donation 6 Other (Specify)	vel from State 20b. PL correter SOU	ACE AND DATE OF DISPLAY, Crematory or other place in them.	osition(Name of Orial Garden	4 1 91	ocation - chy on hkirk, I	y Town, State Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE	N. Rami		2. NAME AND ADDRESS OF F						
ION	23. PART I. Entar the diseases, or co shock, or heart feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Seff tu	MINA.  MECULINE OF):	0 1	ch ss cardiac or resp		Approximate Interval Between Onset and Death			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO JOH AS A CO	TOTAL OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STA	12 gi	age					
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death but a	not resulting in the	underlying cause givan li	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SICIAN		HOSPITAL: 1 □ Inpatient 2 □ ER/Outpatie	nt 3 DOA 4 N	28. PLACE OF DEATH (C ER: ursing Home 5  Residence						
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D			
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, fa	ectory, office	281. LOCATION (Street City or Town, State,		ral Route Number,			
COMPLETED		AN: To the best of my knowledg On the basis of examination an					se(s) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CONTIFIER	Box		29c. LICENSE NU D127		29d. DATE SIGN	NED (Month, Day, Year)			

ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
AI—Banna M.D. P1

32. REGISTRAR'S SIGNATURE

Prince Frederick, Maryland

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

	9	2		0	8	6	6
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DHMH-16 Rev 1/89

FOR STATE REGISTRAR	STATE OF MARY	AND / DEPART			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, L. Roy	French Choa	te			2. DATE OF DEATH MONTH D	1992 YEA	3. TIME OF DEATH 9:30 A.M. M
4. SOCIAL SECURITY NUMBER 215-36-8381 90. FACILITY NAME (If not institution, s	1 M 2 □ F 86	YAS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 11,	8. Bi	ATHPLACE (State or Foreign unity) Tth Carolina
1503 Balmoral	Drive		Bel		EAIN		ord County
10a, STATE 10b, CO			TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 1503 Balmoral				21014			S.A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF NISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No — 14. R	ACE — American Indian, ilack, White, etc.
15. DECEDENT'S (Specify only highest ( Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during me			SINESS/INDUSTR	Y
10 17. FATNER'S NAME (First, Middle, Less Robert	Lee Choate	Farme	r		Agric  AME (First, Middle, Maiden  Ena Jane	Sumame) Taylo	170
Mrs. Norma C.	ughter547_8647 Ferry	196. MAILING A	Chase	and Number or Rural Street	Route Number, City or Tow	vn, Stata, Zip Code	
20a METNOD OF DISPOSITION  1		t. Zion C	emetery	7			ryland 21014
	rowin Frater	roscar	50 V	lest Bros	dway & Wil	liams S	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS			Pro	bable M	Z.	Interval Between Onset and Death
PART II. Other algoriticent cond	litions contributing to death	but not reaulting in	the underlying	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C			
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigar	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	0
3 Suicide 6 Could no 4 Nomicide detarmin	t be building, etc. (So	tY — At home, ferm, etc ecify)	reet, factory, offi	CO	261. LOCATION (Street City or Town, State		ral Route Number,
CONNECT OTHY	PHYSICIAN: To the best of my know.						rse(s) and manner as stated.
29b. SIONATURE AND TITLE OF CER	TIFIER TIK.	TO TOTAL TOMAS	3 6	29c. LICENSE NU	IMBER 0/2		NED (Month, Day, Year)
J. Kevin Lynci 31. DATE FILEO (Month, Day, Year)  APR 0	h. M.D. 620 E	oulton St	reet, E	838_647	34 Maryland 2		

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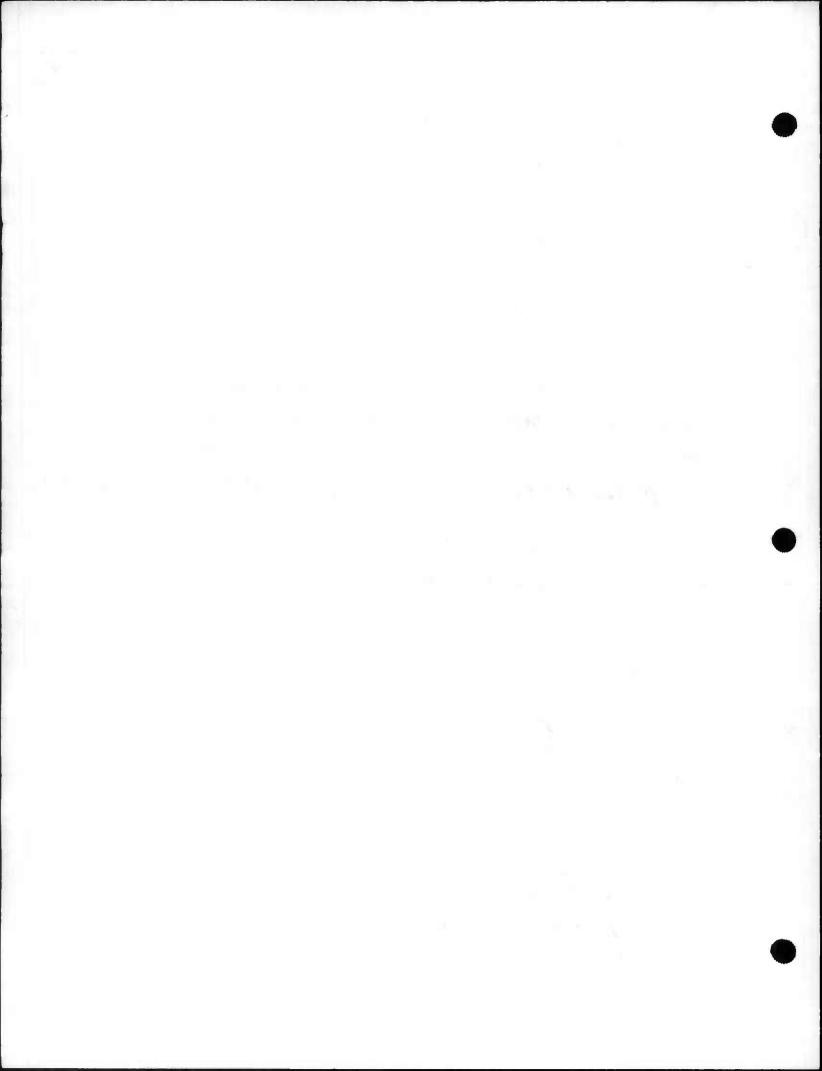
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

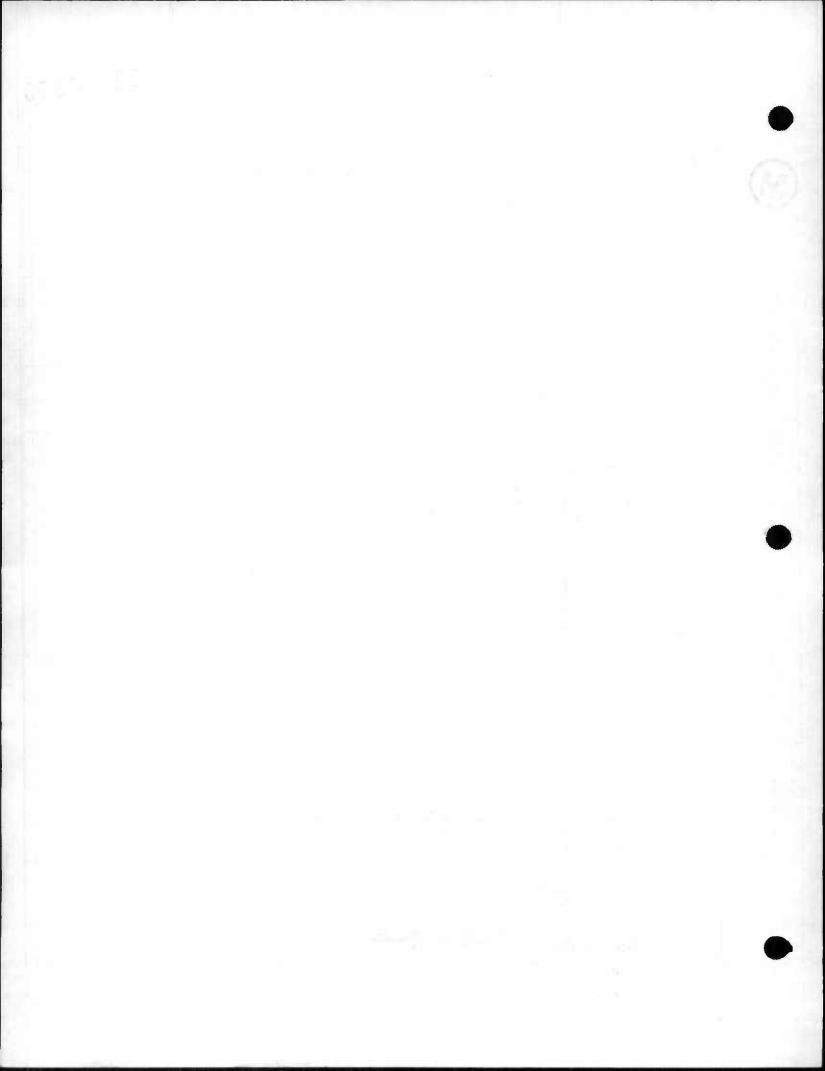
	1 - STATE REGISTRAR	CEFTIFIC	ATE OF	DEATH	RI	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH	
	Cephas W. Lewis AKA LEWI 4. SOCIAL SECURITY NUMBER 5. SEX 8. A	S WARD CE	PHAS		March	26	1992	0525 M	
		MC	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	Year)		hPLACE (State or Foreign yland	
	169-16-7978 1 № M 2 ☐ F  9a. FACILITY NAME (If not institution, give street and number)	74 YRS.	- OTTY TOWN O	R LOCATION OF DE		118	UNTY OF		
DIRECTOR	Loch Raves VA Hospit	La/	011	MOCK	AIH			imore	
	10a, STATE 10b, COUNTY	10c. CITY, 1	TOWN OR LOCAT	ON				10d. INSIDE CITY	
	m D Dorchester	140	wolock				LIMITS?		
FUNERAL	10e, STREET AND NUMBER	•	101.	ZIP CODE		1.7	10g. CITIZEN OF WHAT COUNTRY?		
E I	308 Pine Street			21643	*	6	154		
	11, MARITAL STATUS  1 Never Merried 2 Married  12. WAS DECEDENT EVI FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER IN U.S. ARMED		ENDENT OF HISPAN			14. RAC Blac	E — American Indian, ck, White, etc.	
B	3 Widowed 4 Divorced WW II	OR DATES	1 TYES	2 NO Specify	r:		Spec	offy:	
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIN	O OF BUSINESS/I	NDUSTRY	a (/ C	
	(Specify only highest grade completed)  Elementary/Secondary (0-12) Coffege (1-4 or 5 +)		k done during mo etired.)		Т	ruckin	a – M e	chanic	
COMPLETED	9th	Truck N	1e chan	ic			9 110	CHAITTE	
်	17. FATHER'S NAME (First, Middle, Last)	c		18. MOTHER'S NA					
BE	ROY СЕРНА					G CEPH			
2	19a.Informant's name (Type/Print)  Mrs. Lillian L. Cephas			nd Number or Rural I '8, Hur					
	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT			,	20c. LOCATION		own, Stata	
	V ☐ Burla! 2 ☐ Cremation 3 ☐ Removal from State  1 ☐ Donation 5 ☐ Other (Specify)	Eastern S	hore \	A Cem.		Hurlo	ck,	Maryland	
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY								
	Mudael 7-Esker		PO B	43, F	edera	lsburg	, MD	eral Home 21632	
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING								
ERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
	PART II. Other significant conditions contributing to dea	th but not resulting in	the underlying	cause given in	Part I. 24s	. WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	
DICAL	Chologycaiconoro				1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	9							1 YES 2 NO	
ä									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	1	28. PI OTHER:	ACE OF DEATH (CA	neck only one)				
PHYSICIAN: ME	1 YES 2 NO 1 Inputient 2 ER	/Outpatient 3 DOA 4	□ Nursing Hon	e 5 🗆 Residence					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	URY 28b. TIME (NJUI	RY WC	URY AT PRK? YES 2 \(\bigcap\) NO	28d. DESCRI	BE HOW INJURY	OCCURED		
	3 Suicide 6 Could not be determined 28s. PLACE OF IN building, etc.	JURY — At home, ferm, str (Specify)	eet, factory, offic	•		N (Street and Num wn, State)	ber or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my MEDICAL EXAMINER: On the bests of axami							(a) and manner as stated.	
BE	295. SIGNATURE AND STITLED CERTIFIED			29c. LICENSE NU	MBER	29d. 0	TE SIGNE	(Month, Day, Year)	
2	An thomy I Mu for	1 11	rine)	04 A.	k Au-	# ,	R. M	to mo sist	
			andere		Ave	- P. C.	39//	4 1040 0 0 0	
	V 186 7 25		9			<del>.</del>			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the find within 72 hours after death with the State Debt, of Health and Mental Hybriele prior to burial, certation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		92 108	368	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AV Y	3. TIME OF DEA	TN	
	LEONARD	ALEXANDER		COBB		03 16		92 4:30	Ам	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTHPLACE (State or Fi	oreign	
1	579-06-3294	1 XM 2 □ F 23	YAS.	THIS DATE	HOURS MIN.	8-16-68	- 1	Washington	,D.C	
_	9a. FACILITY NAME (If not institution, give str		96	CITY, TOWN OF	LOCATION OF D	EATN	9c. COUNTY			
DIRECTOR	3300 BLK.ENTERPRIS	SE ROAD					PRINCE	E GEORGES		
ᇤ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY. TO	OWN OR LOCATION	ON .			10d. INSIDE CIT	v .	
E	Maryland Princ	e Georges'		Landover				LIMITS?		
	10. STREET AND NUMBER				ZIP CODE		100 CITIZEN	a. CITIZEN OF WHAT COUNTRY?		
FUNERAL	7631 Allendale	Dariero			20785		U.S			
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Ver		. RACE American Indi	len	
	1 X Never Married 2 Merried	FORCES? 1 YES	2 NO		ify Cuban, Maxica	in, Puerto Rican, atc.)		Black, White, etc.		
ВУ	3 Widowed 4 Divorced		· ·		. Ey No opecin	r		Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S USU	JAL OCCUPATION	of working	16b. KIND OF BU	SINESS/INDUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)						
₩ M	12th		Police Of	ficer		Prince (	George	s' County		
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)			
BE	Craig Cobb					a Black				
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, State, Zip Co	de)		
	Althea Black 2845 28th Street, S.E. #3 Washington, D.C. 20020									
	20a. METHOD OF DISPOSITION    XXBuriel 2									
	4 Donestion 5 Other (Specify) Fort Lincoln Cemetery 3/21/92 Suitland, Md.									
	II. BIGHARDINE OF PUNERAL SERVICE LICE	A a	/			son Funeral	Home	Inc.		
	May d.	al out	y			oe Road, S.		,	0020	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A		juries				interval 8 Onset and		
F	resulting in death) LAST									
L CE	PART il. Other significent conditions	contributing to death be	ut not resulting in t	he underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY F	INDINGS	
PHYSICIAN: MEDICA						PERFOR	RMED?	MAILABLE PRIOR COMPLETION DF OF DEATH?	TO CAUSE	
×						_ /		1 X-YES 2 [	NO	
Z										
글	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	THED.	CE OF DEATN (Ch					
YS	1 🂢 YES 2 □ NO	1 Inpatient 2 ER/Outpo	atlent 3 DOA 4	Nursing Nome		EXXOther (Specify) R				
F	27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 03-16-92	285. TIME OF	ROW	K?	28d. DESCRIBE HOW I			1.	
BY	2 Accident Investigation				S 2 NO			tree impac	T.	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specific ADWAY				28f. LOCATION (Street and Number or Rural Route Number, 3 3 000" BIL Reit-ENTERPRISE ROAD				
COMPLETED		IAN: To the best of my knowle						euse(a) and menner as a	ntated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	L COUNTY	(No	29c. LICENSE NUMBER O. C. M. E.  29d. DATE SIGNED (Month, Day, Year)  ▶ 03/16/92						
-	30. NAME AND ADDRESS OF PERSON WHO				LTIMORE	, MARYLAND	21201			
	31. DATE FILED (Month, Dey. Year) MAR 2 0 1992	32. RECHETHAN'S SOME	June Pandale	•						





3. TIME OF DEATH

**EMMA** 

577-24-7368-A

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street end number)

7052 Basswood Road

7052 Basswood Road

15. DECEDENT'S EDUCATION (Specify only highest grade complete

4. SOCIAL SECURITY NUMBER

Jane COXEN

1 - M 25 - CF

Frederick

College (1-4 or 5+)

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES

10e. STATE

Md.

11. MARITAL STATUS

10e. STREET AND NUMBER

1 Never Merried 2 Married

Elementary/Secondery (0-12)

17. FATHER'S NAME (First, Middle, Last)

19e. INFORMANT'S NAME (Type/Print)

Eugene Coxen

George Righter

10

3℃Widowed 4 ☐ Divorced

IF UNDER I YEAR

10c. CITY, TOWN OR LOCATION

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

Bookkeeper

Frederick

IF UNDER 24 HRS.

Frederick

10f. ZIP CODE

1 TYES 2 7 10

21701

Specify

6. AGE (In yrs. last birthday)

VDC

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BALTIMORE, MARYLAND 21215-0020

FUNERAL DIRECTOR

BY

COMPLETED

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urs after death. Page 6 may be retained by the hospital or attending physician. notified at OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within signed by the attending physician Health and Mental Hygiene prior to has been s Dept. of H this c TO THE MOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: AND THE FUNE After de be filed within 72 hours after de IMPORTANT: If item 28 is

COMPL

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

must b	20e. METHOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Ren  4 Donetion 5 Other (Specify)	noval from State	20b. PLACE AND DATE cemetery, cremetory or Cedar	other place	1 _	3-31-9	20c. LOCATION - City Suitland
examiner must	21. SIGNATURE OF FUNERAL SERVICES	CENSEE OF L		22	NAME AND ADDR	ESS OF FACILITY	Lee Funeral inder Ferry 735
event, the medical	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. DUE TO (OR	AS A CONSEQUENCE C	DF):	FAILU	RE'	
y, or other traumatic event, the CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initietad events resulting in dasth) LAST	DUE TO (OR	AS A CONSEQUENCE OF	PF):	2005	MPHYS	EM A
hows any injur MEDICAL	PART II. Other algorificant condition	ns contributing to dea	th but not resulting	in tha u	ndariying cause	given in Part i.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO
A A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Check only o	one)
or item 23 s YSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER.	Outpatient 3 DOA	OTHE	R:	leeldence 8 🗆 Oth	
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye		ME OF JURY M	28c. INJURY AT WORK?		ESCRIBE HOW INJURY OCCURE
TED E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN- building, etc.	JURY — At home, ferm, (Specify)	street, fac	tory, office	261. LO C/h	CATION (Street and Number or Ru y or Town, State)

MARCH 27,1992AR 0400 7. DATE OF BIRTH (Month, Day, Year) 8 - 9 - 05 8. BIRTHPLACE (State or Foreign Wash D.C 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Mexicen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. White Erlbachers Fashions 18. MOTHER'S NAME (First, Middle, Melden Surname) Georgianna Lowe 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 195 Waysons Mobile Ct., Lothian, Md. 20711 CATION - City or Town, State itland,Md. uneral Home,Inc.

Ferry Road

2. DATE OF DEATH

Approximata intarvai Batwean Onset and Dasth

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE AUTOPSY 2 | NO DE DEATH?

1 | YES 2 | NO

March 27, 1992

INJURY OCCURED

and Number or Rural Route Number,

29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

110587

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

21701

WHO COMPLETED CAU'E OF DEATH (ITEM 27) (Type, Print)

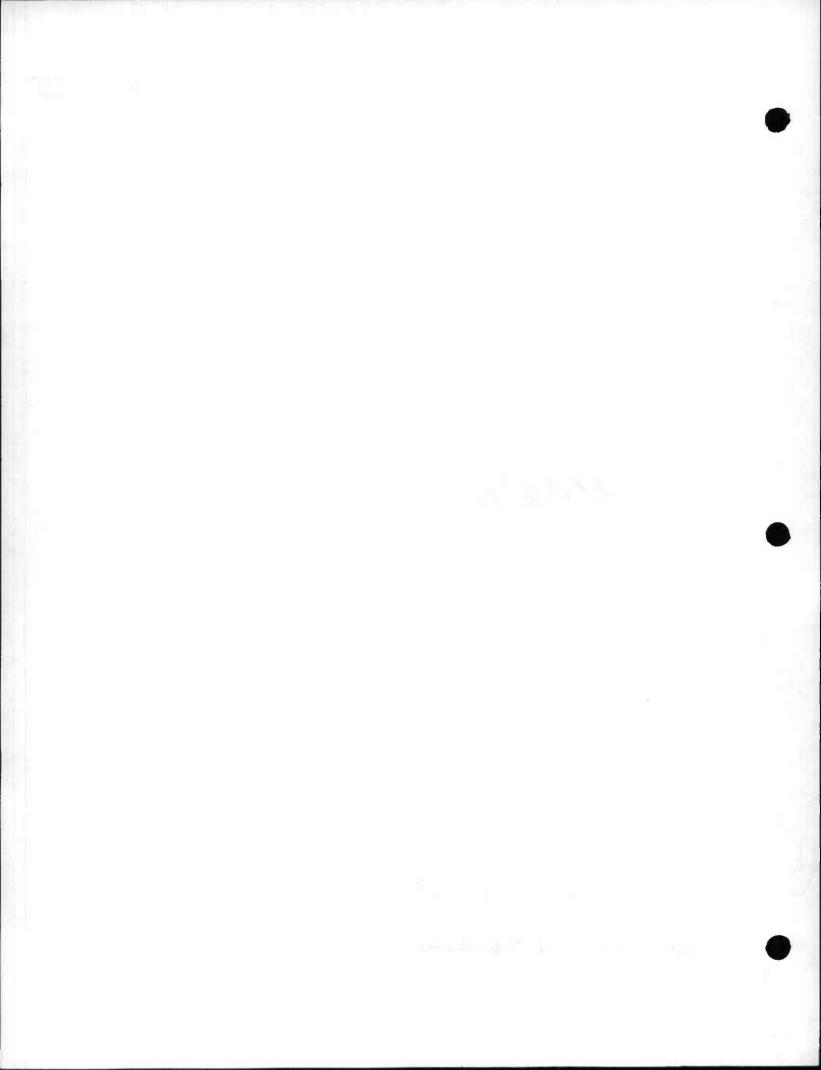
MD. 300 West 9th St. Frederick, Md.

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson-Randell APR 0 2 1992

296. SIGNATURE AND TITLE OF CERTURE

G.I.SMITH, JR.

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

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	1. DECEDENT'S HAME (First, Middle, La	www.William Ed	ward	Dunaway	011-	2. DATE OF	DEATH DA	15/92	YEAR 3. TIME OF I
	4. SOCIAL SECURITY HUMBER	5. SEX 8. AGE	(In yrs. last birthde			7. DATE OF	BIRTH	49	BIRTHPLACE (State
	224-12-0052	. 600 671 .	YRS	MONTHS DAVE		(Month, D	Day, Year)	1912	Country) Virgin
	Ge. FACILITY NAME (If not institution, gi	ive street and number)	. 1 1	9b. CITY, TOWN	OR LOCATION OF D		279		Y OF DEATH
TOR	Hartoro M	emorial Hos	spital	Hav.	re del	scac	6	Ha	anota
DIRECTOR	Maryland Har	ford County		orest Hi					10d. INSIDE
	10e. STREET AHD NUMBER	_014 0041103			IOF. ZIP CODE			10g. CITIZE	1 YES 2
ER	1260 Sharon Ac	res Road			21050				S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES		13. WAS DE	ECENDENT OF HISPA	NIC ORIGIN?	Specify Yes		4. RACE — American Black, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		epecify Cuban, Mexico		an, etc.)		Specifiv:
ED E	15. DECEDENT'S E		rmy						White
	(Specify only highest gr	rade completed)	(Give kind	I'S USUAL OCCUPAT of work done during n I use retired.)	TION most of working	16b. KI	IND OF BUS	INESS/IHDUS	STRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 6+)		Worker		Q+	207 1	(amifa	cture
COMPLET	17. FATHER'S HAME (First, Middle, Last)		PAGGI	HOTVAL	16. MOTHER'S HA				recure
E C	William		Dunaway			rdial	ura, mraidan S	sumame)	Turne
00	19s. IHFORMANT'S HAME (Type/Print)		-	NO ADDRESS (Street	t and Number or Rural		City or Town	State, Zin C	
5	Mr. Walter G. D								21050 Maryland
	20s. METHOD OF DISPOSITION	20	b. PLACE ANO DA	TE OF DISPOSITION (	Name of	OATE			ty or Town, State 2:
	1 C Burisi 2 Cremation 3 R 4 Donation 6 Other (Specify)	removal from State	el Air	den. Gard	dens 4/7/	92			Maryland
1	21. SIGNATURE OF FUHERAL SERVICE			22. HAME	AND ADDRESS OF FA	CILITY FO	ster	Funer	al Hone
	A								
	23. PART i. Enter the diseases,	e. List only one ceuse on a	ed the deeth. Deech line.	o not enter the m		ryland	2101	14	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Reath and Mental Hygiene prior to burial, cremation, or removal.	must be notified at once.
cate be executed within 24 hours after death. Pag	physician and completely filled in by the funeral di e prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN: The law requires that the death certific	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	l, or item 23 shows any injury, or other
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of be filed within 72 hours after death with	IMPORTANT: If Item 28 Is marked,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	ANO	MENTAL	HYGIENE
		CERTIFICATE	0	F DEAT	H		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / [	EPARTA RTIFIC	MENT OF I	IEALTH AND	MENTA	NL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH
	MYRA ANN	DAVIS					APRI	L 2,19	92	YEAR	10:00a.m. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest t		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1	8. BIRTH	IPLACE (State or Foreign
	071-32-8327	1 □ M 2 □X 5:	3	YRS.	NTHS DAYS	HOURS MIN.	Mar	25, 1	939	New	y York
	9a. FACILITY NAME (If not institution, give s	treet and number)		91	CITY, TOWN	OR LOCATION OF C			9c. COUN		
DIRECTOR	THE JOHNS HOPKIN			В	ALTIMO	RE CITY			BALT	IMOR	E CITY
	Maryland Ha	rford		Abing	idon own on loca	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2923 Ruskin Co	ourt 101. ZIP CODE 2100				21009	CODE 10g. CITIZEN OF W				
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES GIVE WAR OR DATES					an, Puerto	N? (Specify Yea		14. RACE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 12	CATION completed) College (1-4 or 5+)	(Give	DENT'S USI kind of work o NOT use re USEW1		ON st of working	166	Home	SINESS/IND		
S S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
BE C	Angus S. MacLae	on.				Gertr			Coffm	an	
	19a. INFORMANT'S NAME (Type/Print)	-	19b. i	MAILING AD	DRESS (Street a	nd Number or Rural	Route Nurr				
2	Robert J. Davis					Court,					3
	20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Rem	and to a Control	20h PLACE AM	DATEGED	ICOOCITION (A)	me of	0.47	20- 10	CATION	No W.	
	4 Donation 6 Other (Specify)	over from State	Bel A	tory or other In Me	morial	Gardens	4-6	- 92	Rel A	ir	FM
	21. SIGNATURE OF FUNERAL SERVICE-LIC	Me Cov	Was	TIP	Howard	K. McC	omas	III F	unera	1 Hc	ome, P.A. Md. 21009
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	n each line.	ENCE OF):							Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to dest	h but not res	ulting in ti	ne underlying	r cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (C)	heck only or	ne)			
)S	1 VES ZNO	HOSPITAL:	Outpetient 3 🗆		HER: Nursing Hom	5 Realdence	8 🗆 Othe	er (Specify)			
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Yes		8b. TIME OF	28c. INJI WO		T	SCRIBE HOW II	NJURY OCC	URED	
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJU- building, etc. (5	JRY — At home Specify)	, tarm, atree	t, factory, office		28f. LOC City	CATION (Street a or Town, State)	and Number	or Rural A	oute Number,
COMPLETED		CIAN: To the best of my kr									and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	nonate +	MO			29c. LICENSE NU 3071	MBER		29d. DATE	SIGNED /2/	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	MANA	51=	m				Ulan			
	APR 06 92	friha Davidso	MA Manda	والم							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	92	108
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) Joshua Edward Davis	3				2. DATE OF DEATH DON'TH D	AY YEAF	3. TIME OF DEATH 4:40A M
. social security number 5. sex 217–36–1558 1 □X м 2			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-17-191	9. BIF Cod	ITHPLACE (State or Foreign intry)
e. FACILITY NAME (If not Institution, give street and num Kent & Queen Anne's Co				rtown, . M	EATH	Rent	DEATH
e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
MD Queen Anne	e's	Centre	ville,	MD 216	7	Tan- OFFITTH O	1 X YES 2 NO
104 Tilghman Aver	nue - Til	ghman Te			617	US	
. MARITAL STATUS 12. WAS D	DECEDENT EVER IN ES? 1 YES B, GIVE WAR OR DAT	U.S. ARMED	13. WAS DEC	endent of Hispa ecity Cuben, Mexico 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)  Y: White	or No — 14. R/	MCE — American Indian, seck, Whita, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATIO	ON st of working	186. KIND OF BU	SINESS/INDUSTRY	
2 Graduate College	1-4 or 8 +)				t) worked	for Gree	ensboro Pack
FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		
William James Day	is				Seney Da		
Jane Davis					- Easton,		:01
METHOD OF DISPOSITION  Burlel 2 Cremation 3 Removal from 5	20b. I	PLACE AND DATE OF DI	SPOSITION /Na			CATION - City or	
Donation 8 Other (Specify)		tery, crematory or other peensboro	Cemete				ro, MD 21639
Man Com	6				nbein Fund		ne, FnHm ro, MD 21639
equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury let Initiated eventa resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):			DISE	ASE	Onset and Death
ART II. Other significant conditions contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribut		-	M.D.		PERFOF 1 PES 2	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2X NO
EXAMINER?  1 YES 2 NO Inpet	AL: ent 2 ER/Oulpet		HER:		6 Other (Specify)		
	DATE OF INJURY Month, Day, Year)	28b. TIME OF INJURY	WO	URY AT RK7 'ES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED	
3 Suicide 28a. I	PLACE OF INJURY - pullding, atc. (Specify	- At home, lerm, street	l, lactory, office		28I. LOCATION (Street a City or Town, State)	and Number or Rura	Il Route Number,
CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bi							o(e) and manner as stated.
SIGNATURE AND TITLE OF CERTIFIER	le	2		29c. LICENSE NUI		29d, DATE SIGNI	
NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEAT	TH (ITEM 27) (Type, Print	n	~ / / /			3116
	egistrar's signat						



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	On the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	CERTIFIC	CATE O	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	7				2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
KOSIE E -	DYEF	2			MArch	26,	1992	a am "
		1	IF UNDER 1 YEAR		7. DATE OF BI	PTH (PR)	8. BIRTHPI Country)	cyland
		85 YRS.						
99. FACILITY NAME (If not institution, give street Magnolia Garde RESIDENCE OF DECEMENT			Lanl	OR LOCATION OF D	EATH		nce G	eorge's
10e. STATE Md. 10b. COUNTY	P.G.	10c. city, Cha	pel (	ation aks				IOd. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 1113 Farm	ningdale A	ve.		20743		10g. C		IAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexico ES 2200 Specific	en, Puerto Ricen,		14. RACE - Black, Specify:	- American Indian, White, etc. Black
15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondary (0-12) 3 rd	ATION ompleted) College (1-4 or 5+)	16e. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during i	TION most of working		of BUSINESS/II		
17. FATHER'S NAME (First, Middle, Last) John H	. Brooks,	Sr.				Melden Surname Griffi		
190. INFORMANT'S NAME (Type/Print) Pauline T. Boon	e			and Number or Rural Ave., Ox				745
20a, METHOD OF DISPOSITION	201	b. PLACE OF DISPOSIT	FION (Name of	cemetery, crematory or		20c. LOCATION	— City or Tow	n, State
1 Pauriel 2 Cremation 3 Remon 4 Donetion 6 Other (Specify)	H:	armony M	iem. I	Park 3/3	1/92	Lando	ver, M	d.
21. SIGNATURE OF FUNERAL SERVICE LICE	h. Pu	et	H.S	AND ADORESS OF FA Washin 25 Burro	gton 8	& Sons Ave.,N	Inc.	
23. PART I. Enter the diedases, or co shock, or heart fellure. L.			t enter the n	node of dying, euc	ch ae cardiac	or respiratory	erreet,	Approximete Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		A CONSEQUENCE OF):	me	way	pr	res t		Onset and Death
	DUE TO (OR AS	A CONSEQUENCE OF):		0				
Sequentielly list conditione, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	mag	y Chico	•			
csuse. Enter UNDERLYING CAUSE (Disease or Injury	brien	working	m	-				
that initiated events resulting in deeth) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):						
0.		7						
PART II. Other eignificent conditions	contributing to death to	out not resulting in	the underly	ing ceuse given in	1	WAS AN AUTOPS PERFORMED?	1	WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			-					
	HOSPITAL:		OTHEB!	PLACE OF DEATH (C		- M - I		
27. MANNER OF DEATH  1 Astural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. I	NJURY AT NORK?		ecity) BE HOW INJURY (	OCCURED	
1 Matural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined determined 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Monticide 1 Montic								
	IAN: To the best of my know	viedge, death occurred	at the ilme, d	ste and place, and du	e to the cause(e)	end manner as a	stated.	11-31
	: On the basis of exemination	on and/or investigation.	, in my opinion	, death occured at the	e ilme, date and	place, and due to	the ceuse(e)	end manner as stated.
298 SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. D	ATE SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, I	Print)	VUE	17)		<u> </u>	117)
A. C. WAA.  31. DATE FILEO (Month, Day, War)	32. REGISTRAD'S SIGN	ALABM-		m m	). V	NAM	, 1	0
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**DHMH-16 Rev 1/89** 

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	I DR ATTENDING PHYSICIAN The law requires that the death certificate he eventual within 24 has
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1. DECEDENT'S NAME (First, Middle, Last) ROBERT FRANKLIN DIXON 2. DATE OF DEATH 3. TIME OF DEATH KoberT MONTH YEAR Mutlin 2 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 086-22-8220 1. M 2 | F 10-10-2 Maryland 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PARK DIRECTOR (DEMAZ S RESIDEN 10a. STATE 10d. INSIDE CITY LIMITS? MO PRIN Colle permit. 1 1 YES 2 NO FUNERAL 10e. STREET AND NUMBE 10g, CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit Place 20740 United States death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rid 1 YES 2 NO Specify: BY 3 X Widowed 4 Divorced NO 104,4 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Shop foreman W.S.S.C. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Elmond Leeland Dixon BE Ethel Chanev 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Karen Dixon 4260 Cloudberry Ct., Burtonsville, Maryland 20866 pe 20s. METHOD OF DISPOSITION 1 ☐ Burlet 2 Å Fremation 20c. LOCATION — City or Town, State OATE must funeral director, Metropolitan Crematory 3-29-92 еслу) Alexandria, Va. FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 4739 BALT. AVE., HYATTSVILLE, MD. 20781 in by the f medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death the disesse or condition cremation, DUE TO (OR AS A CONSEQUENCE OF): ysician and completely prior to burial, cremati resulting in deeth) ninutes event Tenosdepote Cardiovascular Disease traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to if sny, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in desth) LAST 6 Injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? the been signed by the pt. of Health and N 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 KNO 1 TES 2 NO PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL this certificate h 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 0 nce 8 C Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28 is marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED N A Netural TO THE HOSPING ON ANY STREET THE TO THE FUNERAL CHRECTOR: After the be filled within 72 hours after death w IMPORTANT: If Item 28 is mart 1 YES BY 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. MEDICAL EXAMINER: On the basis of a putyMedical BE 29d. DATE SIGNEO (Month, Day, Year) 1852 2 DEATH (ITEM 27) (Type, Print) 4203 Queens bury Rd Hyattsville MD 20781 31. DATE FILEO (Month, Day, Year MAR 3 1 32. REGISTRAR'S SIGNATURE Fulia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR		CERTIF	-ICATE	OF DEAT	IH .	REG. NO		
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4. SOCIAL SECURITY NUMBER 5	. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER	1 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign
276-22-2442	□ M 2 🔀 F	.69 YRS.	MONTHS	DAYS HOURS	MIN.	Nov. 24,	1922	Virginia'
Se. FACILITY NAME (If not institution, give stree	t end number)		9b. CITY, 1	TOWN OR LOCATI				Y OF DEATH
Wesleyan Nursing	Home			Denton			Ca	rolinė
RESIDENCE OF DECEDENT								ii ointe
10e. STATE 10b. COUNTY			TY, TOWN OR					10d. INSIDE CITY LIMITS?
MD Car	oline	t	lende	7				1 TES 2 NO
Rt. 1 Box 117E				101. ZIP COD				N OF WHAT COUNTRY?
	2. WAS DECEDENT EVER		Law	216			USA	
1 Never Married 2 Merried	FORCES? 1 YE	S 2 NO	14	yes, specify Cubs	n, Mexican,	ORIGIN? (Specify Yes Puerto Rican, atc.)	or No- 14	Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1	YES 2 X NO	Specify:			White
15. DECEDENT'S EDUCAT	ION	16e. DECEDENT'S	USUAL OCC	CUPATION		16b. KIND OF BU	SINESS/INDUS	
(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT u	work done du ise retired.)	iring most of working	ng			
9th		Waitr	ess			Res	tuaran	ıt.
17. FATHER'S NAME (First, Middle, Last)	Walter I	ee Deffir	nbaug	h Pa	NER'S NAM	E (First, Middle, Meiden	Surname)	effinbaugh
19e. INFORMANT'S NAME (Type/Print)		195 MAH ING	A ACCIDENCE			ute Number, City or Tow		3
Barbara Conway								500)
20e. METNOD OF DISPOSITION	12	0b. PLACE AND DATE			ende	PATE 20c. LO		y or Town, State
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23. PART I. Enter the diseesea, or con	npilcetions that caus	ed the death. Do						
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resulting in death)		1 20 mg	Carrel	00 0000	40.		0 0	Onset and Seath
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Other algnificent conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditio	DUE TO (OR AS  CHOM DUE TO (OR AS  CONTributing to death  COSPITAL: Inpetient 2 ER/On  286. DATE OF INJUR (Month, Dey, Yeer  286. PLACE OF INJUR building, stc. (S)  N: To the best of my kno	B A CONSEQUENCE O  LA CONSEQUENCE O  But not resulting  BUT SCLO  Appellent 3 DOA  Y 28b. Till IN.  RY — At home, ferm, ecify)  Develoge, death occurr ion end/or investigation	In the und  OTHER:  4 Number  Street, factor  and at the tim on, in my opi	26. PLACE OF DO  28. PLACE OF DO  10 Nome 6 Re  10 YES 2  10 YES 2  29. LICE  29. LICE  29. LICE  29. LICE  29. LICE  29. LICE	given in P  EATN (Checkel and the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of	art I. 24a. WAS AN PERFOR 1 YES 2  A only one)  Other (Specify) 28d. DESCRIBE NOW I City or Town, State)  the cause(e) end mei me, date end place, en	NJURY OCCUP and Number or mer as stated, d due to the c	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  RURAL Route Number,  seuse(e) and menner as stated.  IGNED (Month, Day, Year)  4 - 08 - 92

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

APR - 9 92

32. ANGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020	offer death. Page & may be cetained by the hospital or ottooding abusiness
-	3
LAND 2	the honoidal
$\overline{}$	ž
MAR	ratheinad
ORE,	6 may he
MI	Pane
BALT	offer death

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by	be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If Item 28 is marked, or Item 23 shows any it

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF									3. TIME OF DEATH			
	JOSEPH EVANS							MAR 24 1992 3:03					
	4. SOCIAL SECURITY NUMBER	P	5. 9EX	6. AGE (In yrs. les		IF UNDE	DAYS	IF UNDER 24 HRS.	44		BIRTHPLACE (State or Forei Country)		PLACE (State or Foreign
	578-36-4493 1 X 2 F 59 YRS. WHIS DAYS HOUSE WIN. APR 4 1932 VIRGINIA									GINIA			
œ	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH												
BY FUNERAL DIRECTOR	NATIONAL NA			ENTER			BET	THESDA			1	MONT	GOMERY
IRE	10e. STATE	10b. COUNTY			10c, CFT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
2	MARYLAND PRINCE ŒORGE S SEAT PLEASA  104. STREET AND NUMBER												
FRA								Togs of the Country					
3	61.7 64.1 AVENUE  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.					20743 UNITED S					- American Indian,		
Y	1 Never Married 2 M		FORCES? 1 IF YES, GIVE W	XYES 2 N	NO If yes, specify Cuban, Mexican, if 1 ☐ YES 2 ☑ NO Specify:					i, Puerto Rican, etc.) Black, W			, White, etc.
	3 Widowed 4 Divorce			49 - 196	59			X				- Op-on	BLACK
TE	(Specify only h		completed)	(G	CEDENT'S	work done	during mo	ON at of working	16b. KIN	D OF BU	SINESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (0-12	2)	College (1-4 or 5+	,						nnnı	111017		
OM	17. FATHER'S NAME (First, Midd	de, Last)			L.S.	NAV	/ Υ	18. MOTHER'S NA	ME (First, Middl		Sumama		
BE C	John Her	rry Cu	rry						IRENE E				
TO B	19a. INFORMANT'S NAME (Type	e/Print)		190	b. MAJLING	ADDRES	S (Street a	nd Number or Rural	Route Number, C	ity or Tow	n, State, Zip	Code)	
-	WILHELMINA E				617	64th	AVE	ENUE, SEA					
	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 4 Donation 5 Other (S	3 🔲 Ramo	eval from State	20b. PLACE A	and date	of Dispos	iona iona	moor l Cemete	ry3/31	Arl	ingto	n. U	vn, State
	21. SIGNATURE OF FUNERAL	SERVICE LIC	more,	1				ney-Span					
	plodore	C	tuck	nly		5:	24 -	8th St.	, N. E	•			
	23. PART I. Enter the disc shock, or has	esses, or c et fallura. L	omplications that	ceused the de	eth. Do-	not enter	r tha mo	de of dying, suc	h ss cardiac	or reapi	ratory srre	st,	Approximata
	shock, or heart failura. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Death												
	reaulting in death)	disease or condition resulting in death)  s. CARDIOPULMONARY ARREST  Due TO (OR AS A CONSEQUENCE OF):											
_						,	Carry		can to	. m +.			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  Aspiration of Stongch Contents.  Due to (or as a consequence of):												
S	cause. Enter UNDERLYING CAUSE (Disease or injury		DUE TO	OR 45 4 CONSC	WENGE O								
E	that initiated events resulting in death) LAST		006 10	OR AS A CONSEC	JUENCE O	F):							
	MARKET IS COM1 - MI												1
MEDICAL	PART ii. Other significant	conditions	contributing to	death but not n	esuiting	in the ur	ndariying	g cause given in	Part I. 24s	PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă									1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
- 11													1 TES 2 XNO
AN	25. WAS CASE REFERRED TO I	MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL: 1   Inpetient 2 □	ER/Outpatient 3	□ DOA	OTHEI	R:	e 5 🗆 Residence		ecify)	-		
PHY	27. MANNER OF DEATH	-	28a. DATE OF (Month, Da		28b. TIM		28c. INJ		28d. DESCRI		NJURY OCCU	JRED	
ВУ	1 Netural 5 Pe	nding eatigation				М	1 🗆 Y	ES 2 NO					
	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LC							28f. LOCATIO City or To	N (Street a wn, State)	nd Number o	or Rural Re	oute Number,	
13	29a. CERTIFIER VIV.				· · · ·	-							
COMPLETED	(Check only ALA) CEHTIF												and manner as stated.
8E	290. SIGNATURE AND TITLE OF	A A	. Olax	e n	1. F	<del>)</del> ,		29c. LICENSE NUI	,	,		SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF P				1 27) (Type	Print)		NATIO	NAL NA	VAL	MEDIC	AL C	
	C. A. OHL,					_		BETHE	SDA, M	D 20	889-5	000	
	MAR 3 0		32. REGISTRAI	Davidson-	Pando	ee							
			11.7		-								



FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC		DEATH	REG. NO.	_					
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEATN							
	Russell A.	A. Fishell				92	2:33 PM				
		(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign intry)				
	217-10-2059 1⊠M2□F	79 YRS.	MONTHS DAYS	HOURS MIN.	01/03/13	M a	ryland				
œ	9a. FACILITY NAME (If not institution, give street and number)  Memorial Hospital at			OR LOCATION OF DE	ATN	9c. COUNTY OF					
DIRECTOR	Memorial Hospital at Easton Easton Talbot										
EC	10a. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION									
	Maryland Caroline		Dent	on			LIMITS?  1 YES 2/CXNO				
FUNERAL	Route 2, Box 125			WHAT COUNTRY?							
N.		IN II S ARMED	12 WAS D	21629	AC OBIOHER POSSIBLE VI		CE — American Indian, ack, White, alc.				
BY FU	11. MARITAL STATUS  1 Never Married  2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- If yes, apecify Cuban, Maxican, Puerto Rican, etc.)  14. RAMED  15. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No- If yes, apecify Cuban, Maxican, Puerto Rican, etc.)  16. Specify:  17. WAS DECEMENT OF NISPANIC ORIGIN? (Specify Yes or No- If yes, apecify Cuban, Maxican, Puerto Rican, etc.)										
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPA	TION	16b, KIND OF BUS	SINESS/INDUSTRY					
	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use		nost or working	Grain a	and Pou	ıltry				
MP	6th	Farmer									
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malden	Surname)					
BE	OSCAR FISHELL				COLLINS						
2	Mary Virginia Fishell				Poute Number City or Town enton, ME						
	20a METHOD OF DISPOSITION	b. PLACE AND DATE OF				CATION — City or					
	NC Buriel 2   Cremation 3   Removal from State   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communication   Communicati	ill Cres	er place)	eterv		deralst					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Mudail 7. Eskow		PO B	ptom-Ha	WK1NS-ESK ederalshi	cow tur ira. Mr	neral Home 21632				
	Framptom-Hawkins-Eskow Funeral Home PO Bx 43, Federal sburg, MD 21632  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
	ahock, or heart failure. List only one cause on iMMEDIATE CAUSE (Final	each line.				CHIL DOGGA	Interval Between Onset and Death				
	disease or condition resulting in deeth)	ratory	F	ailur	2		12 days				
	DUE TO (OR AS	A CONSEQUENCE OF	;				12004)				
Z	Sequentielly list conditions,	morua					12days				
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF)	:				1/- 01				
5	CAUSE (Disease or injury	A CONSEQUENCE OF					years.				
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
DICAL CERTIFICATION	DADY II Other significant and divine and divine										
8	PART II. Other algorificent conditions contributing to death	t Faulting in	Live	ng cause givan in	Part i. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
ă	Renal Failure	i Iw	awa		1 TYES 2	NO	OF DEATN?				
Σ	- Notal Pulare				-   '		1 TYES 2 THO				
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)										
SIC	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inputted 2 ER/Ou		OTHER:	me 5 🗆 Residence	8 Other (Specify)						
¥	27. MANNER OF DEATN 28s. DATE OF INJURY	28b, TIME	OF 28c. II	JURY AT	28d. DESCRIBE HOW II	NJURY OCCURED					
BY	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO										
	3 Suicide 8 Could not be 28e. PLACE OF INJUR	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, larm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,									
COMPLETED	4 Homicide datermined										
P	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my known one)										
ğ	2 MEDICAL EXAMINER: On the basis of examinati	on and/or investigation,	, in my opinion,	death occured at the	time, data and piece, an	d due to the cause	e(s) and menner as stated.				
BE	29b. SIGNATURE AND TITLE OF CENTURER	0		29c. LICENSE NUI	MER	29d. DATE SIGNI	ED (Month, Day, Year)				
10	Mc I rajuringh MI					3/2	6/92				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D  RUAS	eath (ITEM 27) (Type, F	D, 41	73. Ma	ruel (m	ush F	rston - 2160				
	MAR 31 92 12. REGISTRAR'S SIG		7	, , , ,			2011				
	MAR 31 '92 Juna Davidse	n-gandope									

The Davidson-Randon

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DNMN-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dep	IMPORTANT: If Item 28 is marked, or Item 23

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	MY	YEAR 3. TIME OF OEATH
Florence E. F					March 28,		
4. SOCIAL SECURITY NUMBER 579-60-1469	5. SEX 8. AG	NE (In yrs. last birthday) 82 YRS.	MONTHS DA	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) August 4, 1	909	s. BIRTHPLACE (State or Foreign Country). New York
9a. FACILITY NAME (If not institution, give		3	9b. CITY TO	WN OR LOCATION OF			TY OF OEATH
Greenbelt Nursin				Greenbel:			nce Georges
10a, STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY
Maryland Prin	ce Georges	Gre	eenbel	t			LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
5 Woodland Way				20770		-	U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVEI FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yo	OECENDENT OF HISP. s, specify Cuben, Mexic YES 2 NO Spec	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	e or No—	14. RACE — American Indian, Black, White, etc. Specify: White
15. OECEOENT'S EOU (Specify only highest grad	ICATION	16a. OECEGENT'S	USUAL OCCU	PATION og most of working	16b. KIND OF BU	SINESS/INOL	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)	g most or wonang			
8		home n	naker		own ho	me	
17. FATHER'S NAME (First, Middle, Last)			3	18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
Nicholas J. Pe	tt				eth L. Li		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		Code)
_Rose Marie McChe					eabrook, MD		706
20e. METHOD OF DISPOSITION  1 ® Burlal 2 □ Cremation 3 □ Ran  4 □ Donation 5 □ Other (Specify)	noval from This	ob. PLACE ANODATE ( cometery, cremetory or o Cedar Hill	of disposition (her place) Ceme to	N(Name of tery	3/30/92 S		nd . MD .
21. BUSINATURE OF FUNERAL SERVICE U				E ANO ADORESS OF F			
23. PART I. Enter the diseases, or	A / lu	base	Robe	ert E. Wil	helm, Inc.	Suit	Suitland Rd. land, MD.20746
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b. OUE TO (OR A	ER BA CONSEQUENCE OF	~ 51 \	d E	HEART	DN	6116
that initiated events resulting in death) LAST	d	B A CONSEQUENCE OF					
PART II. Other significant condition	1		In the under	lying cause given in	Pert I. 24s. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF DEATH (C	Theck only one)		
1 YES 2 AO	HOSPITAL: 1   Inpatient 2   ER/O	utpetient 3 DOA	OTHER:	Home 5 Residence	6 Other (Specify)		
27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	E OF 280 URY	. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCC	JREO
3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, a pecify)	street, factory,	office	26f. LOCATION (Street of City or Town, State)	and Number o	r Rurel Route Number,
	ICIAN: To the best of my kn						d. cause(a) end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R			296 LICENSE NI	19 7 1	29d. DATE	SIGNEO (Month, Day, Year)
SQ NAME AND ADDRESS OF BERSON W	O COMPLETEO CAUSE OF	DEATH (ITEM 27) (Type.	Prim) (AR	Roccf	WE +23	2,0	MAUNA PAR
31. DATE FILEO (MONTH, Day, Year) MAR-30 199	2 32. REGISTRAR'S SH	GNATURE Panda	le .				



	VI	r. Poes 1, 2,45 should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Per	meet minimum to be a considered on the constraint of the constraint the medical avanciaes much be neitlind at necessaries. It is not the constraint to the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the c

REGISTRAR		CE	RTIFIC	ATE O	FUEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	Foste	r				2. DATE MONTH	OF DEATH DAY	7.0	L L	953 PM
4. SOCIAL SECURITY NUMBER 240-68-3017	5. SEX	AGE (In yrs. lest		NTHS DAYS		7. DATE ( (Month, 5/8)	De BIRTH Day, Year) /1943	C	ountry)	(State or Foreign Carolina
9a. FACILITY NAME (If not institution, give st		ch	96		n on Location of DE			9c. COUNTY C	of DEATH	
100. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LO	CATION				10d.	INSIDE CITY
Maryland Prin	ce Georg	je's	Upp		arlboro			10g. CITIZEN		YES 2 NO
3018 South Gr					20772			Unite	ed S	tates
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 2 IF YES, GIVE WAI 8/19/66			If yes,	DECENDENT OF HISPAN apacify Cuban, Mexica (ES 2 NO Specify	n, Puerto R			RACE — AI Black, Whit SOCIAC	nericen Indian, le, etc. K
15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)		(Gh	Do NOT use re	done during tired.)	most of working		KIND OF BUSI			
17. FATHER'S NAME (First, Middle, Last)	1 leal	1500	JCK C	Ontre	ol Recor				ne	
Clinton Fo	ster				C	alas	sie Ta	vlor		
19a. INFORMANT'S NAME (Type/Print)		- 1			et end Number or Rural				•	
Clarice Foste	r				h Grove,			arlbon ATION - City		
1 Donation 5 Chart (Specify)	oval from State	other ple	cel		etery					Marylan
21. SIGNATURE OF CONTRACT DEPARTEE LICE	ENSEE 01	1			Wart Fun	GLTY a 1	_		04/	Tan Jan
Vohm	attour	ent TI			l Bennin				ash.	D.C.
23. PARTY Enter the diseases, or condition in death)  23. PARTY Enter the diseases, or condition in death)	List only one ceus	e on each line.			rock Tyn					Approximate Interval Between Onset and Death
Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	DR AS A CONSEQ		en	- / · gr	704				
PART II. Other significent condition	a contributing to d	eeth but not re	esuiting in t	the underl	ying ceuse given in	Part I.	24s. WAS AN PERFORM	MED?	COM OF E	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26	. PLACE OF DEATH (C)	neck only on	0)			=
EXAMINER?	HOSPITAL:	ER/Outpetient 3		THER:	forme 5 🗆 Residence	S 🗆 Othe	r (Specify)			-
27. MANNER OF DEATN	DATE OF S	NJURY	28b. TIME C	F 28c.	INJURY AT WORK?	28d. DES	CRIBE HOW IN	JURY OCCUR	D	
1 Netural 5 Pending Investigation	28e. DATE OF II (Month, Da)	( Year)	INJUR		YES 2 NO					
1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	(Month, Day 28e. PLACE OF	( Year) INJURY — At horte. (Specify)		M 1	YES 2 NO		ATION (Street a or Town, State)	nd Number or F	Jural Route	Number,
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, a	INJURY — At hoste. (Specify)	me, farm, stre	M 1 (	YES 2 NO	City	or Town, State)	ner ee stated.		
2 Accident Investigation 3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only In CERTIFYING PHYSIC)	(Month, Day 28e. PLACE OF building, a  ICIAN: To the best of n	INJURY — At hoste. (Specify)	me, farm, stre	M 1 (	YES 2 NO	to the cau	or Town, State) use(e) end men and place, and	ner ee stated. If due to the ca 29d, DATE SIG	iuse(e) end	manner as stated.

THE YEAR WAR BY WELL 711

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	10.	
	MIE		GREER	2. DATE OF DEATH	1, 9	3. TIME OF DEATH 3:00 p
4. SOCIAL SECURITY NUMBER 229-24-8879	5. SEX 6. AG		F UNDER 1 YEAR IF UNDER 24 IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN CHILDREN IN	Month, Day, Year)	13 N	BIRTHPLACE (State or Foreign Country)  Country)
9e. FACILITY NAME (If not institution, give Bel Air Conv	alescent (		Bel Ai		9c. COUNTY	of DEATH [arford
Maryland 10b. coun	Harford	10c. CITY, 1	rowh or Location Fallsto	on		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 3306 Ely	Road		101. ZIP CODE	21047		J.S.A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF H If yes, specify Cuben, N 1  YES 2 NO	lexicen, Puerto Rican, etc.)	Yee or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S El (Specify only highest gra		16a. DECEDENT'S US	SUAL OCCUPATION k done during most of working	16b, KIND OF	BUSINESS/INDUST	
Etementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use I	iry Farmer		Farmin	ng
17. FATHER'S NAME (First, Middle, Last)	~		16. MOTHER	'S NAME (First, Middle, Mele		•
Arthur	Greer				Cole	
190. INFORMANT'S NAME (Typo/Print) Alice Greer		19b. MAILING A	DDRESS (Street end Number or Same as		Town, State, Zip Coo	de)
200 METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Re	moval from State	20b. PLACE AND DATE O	F DISPOSITION (Name	DATE 20c.	LOCATION City	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		of cemetary, crematory or	22. NAME AND ADDRESS	OF FACILITY		ı, Maryland
+M. Hlace	den Tur	The		Funeral Estaville,		and
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	A CONSEQUENCE OF):	Stroke I Infect Ranal	fion Lilur	e	Interval Betwee
CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST	a Hype	Tension	, old is	troke		
PART II. Other significant conditions and the significant conditions are significant conditions.	demen	h but not reculting in	the underlying ceuae give	PER	S AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	outpatient 3 DOA	26. PLACE OF DEAT			
27. MANNER OF DEATH  1 Netural 6 Pending Investigation (Investigation)	28e. DATE OF INJUI (Month, Day, Yes	RY 28b, TIME	OF 28c. INJURY AT	28d. DESCRIBE HO	W INJURY OCCUR	RED
3 Suicide 8 Could not l	building, etc. (3	JRY — At home, farm, atr Specify)	eet, factory, offica	281. LOCATION (Str City or Town, S		Rural Route Number,
CONTROL ONLY			at the time, date end piece, er in my opinion, death occured			ause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTY	. C. Jun.	wo	M Z	D0187	29d. DATE S	11192
Albert S.C	SUN, M.	D. 1800	HarfordR	d. Fallston	MD	21047
31. DATE FILED (Month, Day, Year)  APR 06 92	32. REGISTRAR'S S	ignature				

William Town forfertions les serientes Sections HADDENTH FIRE The - OH willed wheelperford was a man of a state IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1

	1. DECEDENT'S NAME (First Alvin	, Middle, Last)	Go1db	erg						2. DATE OF	DA	100	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R t YEAR	IF UNDE	9 24 HRS.	March		199		6:55 P M
	578-50-3427		1 🛣 M 2 🗆 F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	May 31	v. Year)	37	Count	nington, DC
	9e. FACILITY NAME (If not in		treet and number)			9b. CITY	r, TOWN	OR LOCAT	ON OF DE		, 1,		INTY OF D	
8	6011 89th A					Nev	w Ca	rrol	1ton			Pri	nce (	George's
5	RESIDENCE OF DEC	10b. COUNT	,		T 40 - 045									
FUNERAL DIRECTOR			George'	S		v, town	rrol	1ton						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERA	6011 89th Av	renue				10f. ZIP CODE 20784								States
ВУ	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO		Il yes, sp	CENDENT (	m, Mexica	NIC ORIGIN? (S in, Puerto Ricar	pecify Yee n, etc.)	ee or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	16a.	DECEDENT'S	USUAL O	CCUPATION	ON		16b. KIN	O OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementery/Secondary (0		College (1-4 or 5		ille. Do NOT u	se retired )	during me	ASI OF WORK	79					
MP			2		Sales	man				F	urni	ture		
	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle	e, Meiden	Surname)		
BE	Ernest		Gol	dberg					una				Diam	ond
2	190. INFORMANT'S NAME (7				19b. MAILING	ADORES	S (Street e	nd Numbe	or Rural I	Route Number, C	City or Town	n, Stete, Zi	p Code)	
		Gol	dberg	6	011 8	9th	Aver	nue,	New	Carrol	1ton	, Ma	ryla	nd 20784
	20a. METNOD OF DISPOSITING Burlet 2 Cremetto 4 Donation 5 Other		oval from State		E AND DATE			ame of		OATE	20c. LO	CATION -	City or To	wn, Slate
					Linco	1n C	emet				Bren	two	d, M	laryland
- 1	21. SIGNATURE OF TUNERA				ND ADDRE		CILITY							
	1/0,0	E.D.	iner,	M0087	7					uneral				
CERTIFICATION	shock, or heert failure. List only one ceuse on each immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					F): F):	noma	1						Interval Between Onset and Daath
			1											1
MEDICAL	PART II. Other significe		e contributing to pertensi		t resulting	In the ur	nderlying	g cause (	given in		WAS AN A PERFORI	MED?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL T					26 Pt	ACE OF D	EATH ON	ock only one)				
3	EXAMINER?		HOSPITAL:	EDW-4-4		OTHER	₹:							
r PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5	Pending	28e. DATE OF (Month, Di	INJURY	28b. TIM		28c. INJ	URY AT		a Descrie		IJURY OC	CURED	
IED BY	3 Suicide 8	nvestigation Could not be latermined	28e. PLACE O	F INJURY — At I etc. (Specify)	home, farm, s	street, lect				28f. LOCATION City or Tox		nd Numbe	or Rural F	loute Number,
SE COMPLETED	29e. CERTIFIER (Check only one) 1 1 CERT 2 MEOI	CAL EXAMINE		remination end/o	death occurry	n, in my o	lme, date	eath occur	end due ad at the	time, date and	end men	due to the	e cause(e	) end manner se stated, (Month, Day, Year)
0	30. VAME AND ADDRESS OF			E OF DEATH (IT				D20						31, 1992
	Gerard P. Ch	ampalo	ux, M.D.	, 14300	) Gall	ant	Fox	Lane	, #	110, Bo	owie,	, Ma	rylar	nd 20715
	31. DATE FILED (Month, Day,	fear)	32. REGISTRA	Day don										



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after	by the	cal
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after death with the State Dent, of Health and Mental Hydiene brief to burial, cremation or memoral	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exam
patri	COL	200
exec	and or	matl
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2

92 10882 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3727/92 NOREEN GREEN 5.05AM Leu 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 579-36-4165 YRS. May 14,1930 New York Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGE PRINCE GEORGE HOSP CENTER CHEVERLY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Charles Maryland Nanjemoy 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt 1 Box 39B Bowie Road U.S.A. 20662 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO 84 Specify. Specify: 3 Widowed 4 Divorced Caucasian 50 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Years Bookkeeper Lustine Chevrolet Unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Green Bessie Hodgson 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Melodie Echard Same as 10 A-F 20a. METHOD OF DISPOSITION
1 Burlel 2-9 Cremetton 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 6 Other (Specify) Lee Crematory Clinton, Maryland 21. SIGNATURE OF PUBLICAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. The only one cause on each line. **Approximata** Interval Batween IMMEDIATE CAUSE (Final Onset and Daath disease or condition METASTATIC PANCETATIC CARCINOMA

DUE TO (OR AS A CONSEQUENCE OF):

CEREBROVASCUAR ACCIDENT reaulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as attend.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner ea stated.

D24093

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ATTENDING

TURKE OF G

APR 0 2 1992

29d. DATE SIGNED (Wonth, Day, Year)

13/27/92

0	15 E	
M)	Line	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within furs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present 2.3 sh be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once.

	1. DECEDENT'S NAME (First		3 TT 4							2. DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
	Jean		*	ggins				1		April 6,	1992		3:30 A.M. M
	4. SOCIAL SECURITY NUMI 220_14_9850		5. SEX	6. AGE (In yrs. les	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 20.19	01	Scot	Aberdeen, land
	Sa. FACILITY NAME (If not in	nstitution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D			NTY OF D	
DIRECTOR	2500 Har		Road				Fall	ston			1	Harf	ord County
띭	10a, STATE	10b. COUNT	гү		10c. CI1	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland	Harfo	ord Count	У	Fa	llst	on						1 YES 2 1 NO
AL	10e. STREET AND NUMBER						10	f. ZIP COD	-		10g. CIT	IZEN OF W	HAT COUNTRY?
当	2500 Har	ford I	Road					2	1047	7		U.S.	\ <u>.</u>
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Dive		FORCES?	NT EVER IN U.S. AR I YES 2 KI WAR OR DATES		13.	Il yes, sp		n, Maxic	NIC ORIGIN? (Specify Ye an, Puerto Ricen, etc.) fy:	or No—	Black Specia	— American Indian, , White, atc. y: ite
9	15, DE(	CEDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL C	CCUPATI	ON		15b. KIND OF BU	SINESS/IN		
COMPLETED	(Specify on Elementary/Secondary (	ly highest grad	College (1-4 or 5	+) (G	ive kind of Do NOT u	work done ise retired.)	during me	ost of worki	ng				
릴	11			As	semb	ly				Electi	onic	Manu	facture
ő	17. FATHER'S NAME (First, A							16. MOT	HER'S NA	AME (First, Middle, Malden	Surname)		
BE	Will		Marshall		tson	1			Jane			Ga	rdner
5 B	19s. INFORMANT'S NAME (									Route Number, City or Tow			
=	Mrs. Jacqu	elyn H	Reed	2	2500	Harf	ord	Road	, Fa	llston, Ma	ryla	nd 2:	1047
	20a METHOD OF DISPOSIT		moval from Stata	20b. PLACE other pl	lece)	emor	rial	Gard	ens	Rel	Ain	City or To	71 and 21014
	21. SIGNATURE OF FUNERAL SERVICE LICENSES OS STA W. FOSTER   22. NAME AND ADDRESS OF FACILITY FOSTER FUNERAL HO										Home		
	• •	Jucas	ur com.	Folice			50 W B <b>el</b>	lest Air,	Broa Mar	dway & Wil yland 2101	liam 4	s St	reet
	ahock, or heart fellure. List only one ceuse on eech lina.										Approximate interval Between Onset and Death		
7			Och To	O (OR AS A CONSE	OUENCE O	OF):	lead	14	ha	retim			1 hour
ATIO	Sequentially list condi- if any, leeding to imme cause. Enter UNDERLY	diate	DUE TO	O (OR AS A CONSE	QUENCE O	OF):		6	1				
CERTIFICATION	CAUSE (Disease or injusted initiated events resulting in death) LAS		DUE TO	O (OR AS A CONSE	OUENCE (	OF):							
핑			d										1
EDICAL	PART II. Other algnific	ant condition	one contributing to	o death but not	reaulting	In the u	nderlyln	ng cause	given in	Part I. 24a. WAS AMPERFO	RMED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2			<u> </u>							-			1 YES 2 WHO
X	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						LACE OF	DEATH (C	heck only one)			
Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Outpetient 3	3 🗆 DOA	4 🗆 Nu		ne 5X R	lasidenca	5 C Other (Specify)			
PHYSICIAN:		Pending		F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE HOW	INJURY O	CURED	
TED BY	2 Accident 3 Suicide 5 4 Homicide	Could not be detarmined	28e. PLACE	OF INJURY — A1 ho	ome, farm,	street, fa	ctory, offi	ce		28f. LOCATION (Street City or Town, State		or or Rural F	loute Number,
Suicide 5 Could not be detarmined building, etc. (Specify)  29a. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) at							and manner as stated.						
ЕСС	296. SIGNATURE AND TIL												(Month, Day, Ybar)
m	1.	J.kM	M						P34	1652	PA.	pril	6, 1992
10	30. NAME AND ADDRESS O						-	8_64	34				0//6
	Scott S. H.	( Near)	32. REOISTR	AR'S SIGNATURE				DeT .	Alr,	maryland	2101	4	
ı i	I A	PK UO	31	e	Willy-	Mond	مالك						

12 10083

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF I		ARTMEN IFICAT	T OF H	DEAT	AND N	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, L Parsons	·						2. DATE OF DEATH	AY	YEAR 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthdi	ed E Indhe	R 1 YEAR	# UNDER	04.455	Mar. 25,			9:00 P M
	265-04 0701	1 😡 M 2 🗆 F	4 1 YRS	MONTHS		HOURS	MIN.	Jan. 13, 1	051	Country)	LACE (State or Foreign
	265-94-0796  Se. FACILITY NAME (If not institution, g	10	7	9b. CIT	Y TOWN	OR LOCATI	ON OF DE	Jun. 13, 1	9c. COUNT		
OR			0 C+					A111			
5	1200 South W		1 31.	E	2320	n, i	ча.		I a	lbox	<u>t</u>
DIRECTOR	Md. Ta.	lbot		astoi			land				Od. INSIDE CITY LIMITS?  YES 2 NO
AL	10a. STREET AND NUMBER				101	. ZIP CODI			10g. CITIZE		AT COUNTRY?
FUNERAL	1200 South W	ashinator	2.			2160	7 1		1.0/11/1	USA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yes		-	- American Indian, Whits, atc.
BY	1 Nover Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				ocify Cuba 2 (2) NO		, Puarto Rican, atc.)		Specify:	White, atc. White
COMPLETED	15. DECEDENT'S I (Specify only highest g	EDUCATION	18a. DECEDEN	T'S USUAL C	OCCUPATION	ON		16b. KIND OF BUS	SINESS/INDU:	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 d	life. Do NO	of work done Tuse retired.)	during mo	st of workin	g				
MP	12	4	pai	ntino	7/pa	per	ing	Home a	ecor	atir	ıa
8	17. FATHER'S NAME (First, Middle, Last)							NE (First, Middle, Malden			
BE	William Fo	tward Har						cia Mill			
2	19e. INFORMANT'S NAME (Type/Print)		19b, MAILI	NG ADDRES	S (Street a	nd Number	or Aural A	oute Number, City or Town	n, State, Zip C	ode)	
	William F. Ho	znks	RFD	.1 Bo	2x 2	950	Jeh	kerson.	Main	e 04	1348
	20a. METHOD OF DISPOSITION  1	lemoval from Stats	20b. PLACE AND DA	r other plece.	1			1	CATION CH		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Sparng	22.	NAME AN	MEX (	S OF FAC	3/28/92 JUTY	East	2n.	Md.
	1			U	vill	iam	on	Funeral	Home		
	23. PART I. Enter the diseases,	or complications that	t ceused the death. De	not enter	r the mo	de of dvi	but but	g Md 2	1632		Approximate
	ahock, or heart fallu IMMEDIATE CAUSE (Final	re. Liet only one ceu	se on eech line.	1.	4	,			iniony arres		Interval Between
	disease or condition resulting in death)	Pons	an atm	^	-	0	0				Onset and Death
	rosanny m doanny	DUE TO	OR AS A CONSEQUENCE	dp: n	1	500	LYL.				
Z	Sequentially liet conditions,	- a Bil	durch	12	(Dage	4	Lak	20 / Nuo	1100	in	of month
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DUE 10	OR AS A CONSEQUENCE	OF):					U. 1   304 -		
일	CAUSE (Disease or Injury	· au	OR AS A CONSEQUENCE	we	di	frec	بيدة	a sex	- Orm	0	Syps
Ē	that initiated events resulting in death) LAST	502.10	OH AS A COMSEQUENCE	OF)		U		()			
CE		_ #.									
SAL	PART II. Other significent condit	ione contributing to	death but not resultin	g in the u	nderlying	cause g	iven in P				ERE AUTOPSY FINDINGS
	nne							PERFOR		Ct	MILABLE PRIOR TO DMPLETION OF CAUSE
PHYSICIAN: MED									<b>\</b>		F DEATH?
ż								_			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DE	ATH (Chec	tk only one)			
LS.	1 TES PENO	HOSPITAL:	ER/Outpatient 3 - DOA	4 Nur		5 K Rat	sidence 6	Other (Specify)			
H	27. MANNER OF DEATH	28s, DATE OF (Month, Da		IME OF NJURY	28c. INJU			28d. DESCRIBE HOW IN	JURY OCCUP	RED	
B	Natural 5 Pending Investigation	ın		М		ES 2	NO				
COMPLETED	3 Suicide 6 Could not 4 Homicide datermined		FINJURY — At home, farmatc. (Specify)	, street, fact	tory, office			28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Rout	le Number,
9	29s, CERTIFIER	2000			_						
₩ W	(Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of a	my knowledge, death occu amination amour investiga	tion in my o	time, data	and place,	and due to	the cause(s) and man	ner as stated.		
- 10	SIGNATURE AND TITLE OF CERRIT			tion, in my c	opinion, de	inth occur	d at the ti	me, data and place, and	due to the c	ause(s) sr	nd manner as stated.
H	COOP A	1	1 1 16			29c. LICE	NSE NUMB	MAZIII.	29d, DATE S	IGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALLS	E OF DEATH (IV	Order I		77	82	+ 74	N	HLO	426,1992
	ALBERT T. C	DAW KIN		W.D		5	08	IDLEW	ILD	Ar	2 1601
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE			-	<del>(C)(</del>	IM. R.	4	**D	7,00
	MAR 31 '92	Selia No	widows Budo	2							

	A	n 1, 2, 3 should	
0X 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 victors after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit present in 2.3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified et once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other

1. DECEDENT'S NAME (Firs									2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
GERTRUDE	BROWN						1		Marc		199		11:30 %
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. le	st birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.		Day, Year)		Count	
221-14-411 9a. FACILITY NAME (# not		Λ	82	*****	Ob CITY	TOWN	08 1 004	IDN OF D		3/1909		IDETS	aware
R.D. 1 Bo		street end number)				ento		IDN OF DI	CAIN			roli	
RESIDENCE OF DE	CEDENT												
Maryland	Carc	oline			nton		TION						10d, INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER	1					10	f. ZIP COI	DE			10g. CI1	TIZEN OF	WHAT COUNTRY?
R.D. 1 Bo	x 151						2162	29			U	SA	
11. MARITAL STATUS  1 Never Married 2	Merried	12. WAS DECEDED FORCES?	T EVER IN U.S. A	RMED NO		If yes, sp	pecify Cub	en, Mexica	NIC DRIGIN?		or No-	Blac	E — American Indian, k, White, etc.
3 Widowed 4 Div		IF YES, GIVE	MAR DR DATES			1   YES	2X NE	Specif	y:			Wh	ite
15. DE (Specify or	CEDENT'S EDU	CATION e completed)	(1	ECEDENT'S Give kind of	work done	during m		dng	16b. K	IND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondery	(0-12)	College (1-4 or 5	+)	e. Do NOT u									
12			Ho	omema	ker		1			wn Ho		_	
17. FATHER'S NAME (First,									ME (First, Mic				
Horace Gre	-	OWII					_		anna		10000		
									Route Number			(p Code)	
Marie H. E			20b. PLACE		77.5				on, M	_	629	Ch T	own, State
1 XBurlel 2 Cremet 4 Donation 5 Other	lon 3 🗌 Rem	novel from State	Holly	olace)				smalory or				ton,	
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE		,	-			ESS OF FA					
Dewis	110.	Me	4						al Hom			DE	19952
Sequentially list cond if any, lasding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING Jury	C	O (OR AS A CONSI			270		HA?	CUL		45	en	
/		d								-			
PART II. Other signific	ent conditio	ns contributing to	o death but not	resulting	in the u	nderlylr	ng cause	given in		PERFOR	MED?	24	b. WERE AUTOPSY FINDING MAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED	TO MEDICAL					26. F	LACE OF	OEATH (C	heck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		m 5 X	Besidence	6 Other	Specify			
27. MANNER OF DEATN		28a. DATE D		26b. TII	-	26c. IN	JURY AT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		RIBE NOW I	NJURY O	CCUREO	
2 Accident	Pending Investigation				M			□ NO		2011 (0)	- 18/ - 1		O
3 Suicide 6	Could not be determined	building	OF INJURY — All t j, etc. (Specify)	ome, rarm,	street, rec	nory, on	ce			Town, State)		er or Human	Route Number,
construction of the		SICIAN: To the best of											(a) and manner as stated.
29b. SIGNATURE AND TITI								CENSE NU		111111111111111111111111111111111111111			D (Month, Day, Year)
den	T	11/10	mela.	- 7	50		11	140	050	>	<b>&gt;</b>	3-1	21-97
30. NAME AND AODRESS		HD COMPLETED CA	USE OF OEATH (IT	EM 27) (Typ	e, Print)			TO		)	5	0 6	Ox /22
Henry	D:	Tamm	020	00	0	-	1.	H	All Se	Cui-	- /-	0-10	show in a
31. DATE FILED (Month De	ישיל ימיל	32. REGISTE	AR'S SIGNATURE	~ _		CAFO	une	1160	7111 OG	10.00	3	010	Sporo, INC
MHIL	67 J	4	who Daind	ma B	m.d. 00								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

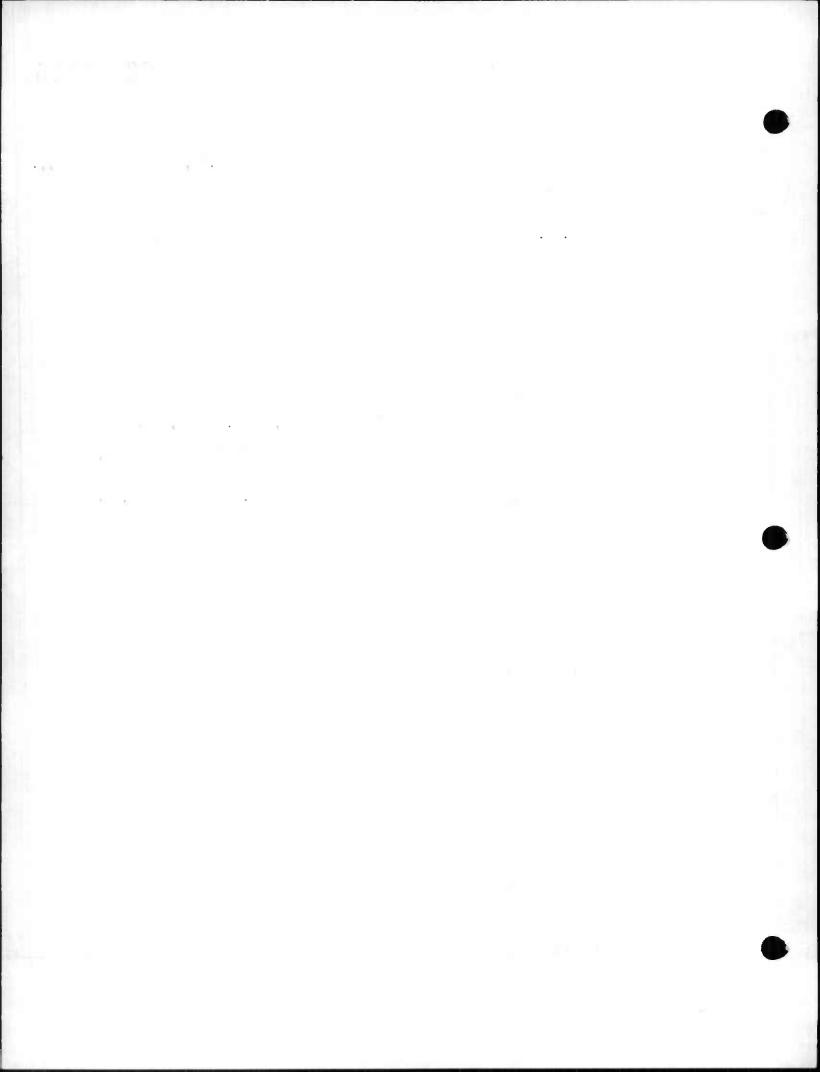
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE STATE OF MARYLAN

ID / DEPARTMENT OF H	EALTH AND	MENTAL	HYGIENE
CERTIFICATE OF	DEATH		REG. NO.

	REGISTRAR		CERTIF	ICALE	PEAIR	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)	e. 8 H	LMES			2. DATE OF DEATH MONTH	MY O	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER t YE	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	2 1105 H
	577-42-6997			MONTHS DA		(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
			U Tha.		1 - 2	Sept.15,		Clarksburg, W. V.
_	9a. FACILITY NAME (If not institution, give a		10 100		N OR LOCATION OF D	HTAS	9c. COUNTY	
5	SouthERN MARYL	and Hospital	CENTER	(1)	inton		POINT	CE GEORGES
5	RESIDENCE OF DECEDENT						112119	0000
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LO	CATION			10d, INSIDE CITY LIMITS?
	Maryland P. (	J.	Dis	strict	Heights			1 TYES 2 NO
4	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
5	6771 Milltown Co	ourt.			20747		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II C ADMED	12 446		ANIC ORIGIN? (Specify Ye		0105
	1 Never Married 2 T-Married	FORCES? 1 TYES	2 NO	II yes	, specify Euban, Mexic	an, Puerlo Rican, etc.)	8 or No 14.	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	NO	DATES	10	YES 2 PNO Spec	My:		Specify:
	15. DECEDENT'S EDU	110					- 1	Black
=	(Specify only highest grade		16a. DECEDENT'S (Give kind of	work done during	most of working	16b. KIND OF BU	ISINESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)				
2	10th Grade		Clerk					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Malder	Sumame)	
BE	Charles Anderson	1			Rosa Ba	ssell		
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADORESS (Str	et and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	cie)
2	Chilomme Durring	rton	6743 N	ii11tow	n Court	Dist. Hght	s Md	20747
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE					or Town, Stata
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		Howard Un					gton, DC
	21. SIGNATURE OF FUNERAL SERVICE LIN		iowaia on					goon, be
	. 8	502		Sam	Butler F	uneral Ser	vice	
	- Wale			716	Kennedy	St. NW-Was	hingtor	n D C
	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do r	not enter tha	mode of dying, su	ch as cardiac or reap	iratory arrest	Approximate
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				,				
8	Sequentially list conditions,	END STAGE	OF ISCH		CARDIOMY	OPATHIES		MONTHS.
F	if any, leading to immediate cause. Enter UNDERLYING							
5	CAUSE (Disease or injury	CHRONIC RE	NAL INS	UFFIC	IENCY WI	TH EXACE	RBATI	ON MONTHS.
Ē	trial initiation overtice							
CERTIFICATION		MANIC -DEP	KESSIVE	DISO	RDER			MONTHS.
	PART II. Other aignificant condition	is contributing to deeth	but not resulting	in the under	ving cause given in	Part I. 24a, WAS AI	VALITORSY	24b. WERE AUTOPSY FINDINGS
EDICAL	SEVERE CARDIOM	EGALY WITH	STABLE	ANGI	NA.	PERFO		AVAILABLE PRIOR TO
ā	PLEURAL EFFUSI				,	1 TYES	2 NO	OF DEATH?
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PHYSICIAN:								
5	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?				PLACE OF DEATH (C	heck only one)		
Sic	1 TES 2 NHO	HOSPITAL:	tpatient 3 DOA	OTHER:	iome 5 🗆 Rasidence	8 Other (Specify)		
至	27. MANNER OF DEATH	28a. DATE OF INJURY		E OF 28c.	INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
	1 Natural 5 Pending	(Month, Day, Year)	INJ	WRY 1	WORK? YES 2 NO			
BY	2 Districts	28a. PLACE OF INJUR	Y At home, larm, r			28I. LOCATION (Street	and Number or I	Dural Bouto Mumber
COMPLETED	4 Homicide 8 Could not be detarmined	building, atc. (Spe	ecify)	- 611	79-7-	City or Town, State		to at thousand the transfer
<u>-</u>	29e. CERTIFIER					1		
4	(Check only 1 DE CERTIFYING PHYSI	ICIAN: To the best of my know						
ő	2 MEDICAL EXAMINE	R: On the beals of examinetic	on and/or investigation	n, in my opinio	n, death occured at the	e time, data and place, a	nd due to the c	suse(s) and menner se stated.
ш	29b, SIGNATURE AND TITLE OF CERTIFIE		\		29c. LICENSE NU	MBER	29d, DATE SI	GNED (Month, Day, Year)
B	Defor of	et m	ho		D12884	1	► MA	RCH 24 1992
임	30. NAME AND ADORESS OF PERSON WH	O COMPLETED CAUSE OF O		Print)	1			
	PETER W. YIM M.				. CLINTO	ON, MARYLA	ND 20	735
	31. DATE FILED (Month, Day, Year)	20 DECUCEDADIS CON	MATHER			y	20	
	MAR 30 199	12 Lilia Nou	vidson-Rand	SE.				
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# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR											
1. DECEDENT'S NAME (First, Middle, Last	)							E OF DEATN			3. TIME OF DEATN
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4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest			R 1 YEAR	IF UNDER 24 HRS.	7 DAT	E OF BIRTH		a BIRT	HOI ACE /State or From
219-04-0337	1 🔀 M 2 🗆 F	24	YRS.	MONTHS	DAYS	HOURS MIN.	Aud	oth, Day, Year	,196	7 Coun	Maryland
9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	r, TOWN	OR LOCATION OF	DEATH		9c. CO	JNTY OF I	
Prince Georges	Hospita	al Cent	ter	C	hev	erly			Pr	ince	George
10e. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	DR LOCA	TION			-		10d. INSIDE CITY
Maryland Pri	nce Geor	ges'		Sı	uitl	Land					LIMITS?
10e. STREET AND NUMBER					10	I. ZIP CODE			10g. Cl	TIZEN DF	WHAT COUNTRY?
4612 Lucy Av	enue					20743	3			U	SA
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FDRCES? 1 [ IF YES, GIVE WI	YES 27			if yes, sp	CENDENT OF HISP ecify Cuben, Mexi	can, Puerto	IN? (Specify Rican, etc.)	Yes or No-		E — American Indian, ik, White, atc.
3 Widowed 4 Divorced	IF TES, GIVE W	AN ON DAILS			1 [] YES	2 XNO Spe	ony:			Spec	Black
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Elementary/Secondary (0-12)	College (1-4 or 5+)	) Inc.		char				τ	VT.		
17. FATHER'S NAME (First, Middle, Last)			Me	Ciiai	110	18. MOTHER'S I					
Paul Louis Hi	noc									Wi	lliams
19a. INFORMANT'S NAME (Type/Print)	HES	19b	MAILINO	ADDRES	S (Street e	and Number or Run					
Paul Hines						Ave. (					20743
20s. METHOD OF DISPOSITION		20b. PLACEA	ND DATE !	DF DISPOS	SITION (Na	ime of	DA		LOCATION -		
Burial 2 Cremation 3 Red		Harmo	natory or o			al Park	3	-28 I	Lando	ver	, Maryla
as many ferror and account to account to	ICENSEE	)		22.	NAME A	ND ADDRESS OF	ACILITY	Tor	la é sa co	П	neral Ho
21. SIGNATURE OF FUNERAL SERVICE L		/								HILLIAN	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Par	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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32. REDISTRAR'S SIGNATURE
Julia Davidson-Randoll

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

VIINAMO J. Feldam MO 9500 ANNIMOLIS

31. DATE FILE (1987) (7. 1992

32261

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29d. DATE SIGNED (Month, Day, Year)

3-27-92

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1 3	1. DECEDENT'S NAME (First, Middle, Last)										
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		in yrs. last i		IF UNDER	-	IF UNDER 24 HRS.	7. DATE OF		6	72	女・女 エマ
			YRS.	MONTHS	DAYS	HOURS MIN.	(Month, E	Day, Year)		Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)	6	mo.	1 0/13			3/19				
Œ	So MANJIAND HOSPIT	74 /		96. CITY		OR LOCATION OF			-	INTY OF DE	1 1
5	RESIDENCE OF DECEDENT	AL			h	NION		Print			CE-GOOD be
EC	10a. STATE 10b. COUNTY		10c. CITY	, TOWN C	R LOCAT	TION					IOd. INSIDE CITY
DIE	Maryland Charles		Indian Head								LIMITS?
7	10e. STREET AND NUMBER		Indian Head						10a CIT		T YES XX NO
ER/	14 Elder Place					20640					
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BY	3 Wildowed 4 Divorced	ii E 3		1	U YES	2 NO Spec	city:			Specify	White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECI	EDENT'S	USUAL O	CUPATIO	ON	16b. KI	ND OF BUS	INESS/INI	DUSTRY	
ш	Elementary/Secondary (0-12) College (1-4 or 5+)	Qual	o Hot ne	retinds	suring mo	ance	U.	S. N	ava	1 Ord	liance
N N	llth.		Sup	erv	iso	r			atio		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, Midd				
BE	Joseph W. Jenkins					Emily	R.	Jen	kin	S	
2	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING	ADDRESS	(Street a	nd Number or Rura	Route Number,	City or Town	n, State, Zip	Code)	
-	Thomas J. Jenkins	71	185	Bro	wns	Lane,	Thurm	ont	.Md	. 217	788
	20a. METHOD OF DISPOSITION  X X Burial 2 Cremetion 3 Removat from State ceme	PLACEAN	DOATEO	Enlepne	TION (No	ment	DATE	00-10	DATION		
	4 🗆 Donation 5 🗆 Other (Specify) T	rini	Lty	Mem	ori	al Gar	dens	4/10	192	.Wald	dorf,Md.
	21. SIGNATURE OF FUNERAL SERVICE DEPASEE			1 22.1	NAME AN	ID ADDRESS OF F	ACILITY				
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	23. PART I. Enter the diseases, or complications that entered	the deat	th. Do no	ot enter	the mo	de of dving, su	ch ea cardiac	or respi	atary an	MG.	∠U046 Approximate
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	disease or condition_	1/1	100	· ·	N	reun	MANG	۸.,			Onset and Death
	resulting in deeth) a. DUE TO (OF AS.A.	CONSEQU	ENCE OF	):	•		00.0				-
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유	Sequentially list conditions, if any, leading to immediate	CONSEQU	ENCE OF	1	Premina.						-
CERTIFICATION	CAUSE (Disease or Injury	Jy }	u	en	ř						
E	thet initieted events DUE TO (OR AS A	COMIEGU	ENCE OF	):							
H	resulting in deeth) LAST										
	PART II. Other significant conditions contributing to deeth but	L'Bot res	witho ic	the up	terisfor	COLLEG Shap is	Dort I I a	- 1000 000			
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BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY	At home	town of		1 U Y						
COMPLETED	4 Homicide determined building, atc. (Specific	(y)	o, vaerre, aug	reet, tecto	ту, опне	1	26t, LOCATIO	ON (Street ar own, State)	nd Number	or Rural Rou	te Number,
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8		and/or inv	estigation	, In my op	inlon, de	with occured at the	time, data and	I place, and	dua to th	e cause(s) a	nd manner as stated.
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	30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT					15	01				
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	31. DATE FILED (Month, Day, Negr) 32. RESISTRAR'S SIGNAL APR 0 9 92	TURE A	ndett	L							

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	1 - STATE REGISTRAR	STATE OF MARYLA		IT OF HEALTH AND E OF DEATH		HYGIENE REG. NO.	2 1	0090			
, in	1. DECEDENT'S NAME (First, Middle, Lest) SARAH	B. JAC	nes		2. DATE OF MONTH		YEAR 3.	8:35 4			
	4. SOCIAL SECURITY NUMBER  250-98-9728  98. FACILITY NAME (If not institution, give :	1□M2♥ 8	1 YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.  TY, TOWN OR LOCATION OF 1	7. DATE OF (Morth, D	BIRTH (ay, Year) 2. 1910	Country)	ACE (State or Foreign H_CAROLIN			
DIRECTOR	RESIDENCE OF DECEDENT										
		CE GEORGE'S	10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 XXES 2 NO				
FUNERAL	9106 PINEVIEW			101. ZIP CODE 20735		ט	ZEN OF WHA	T COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married \$\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\times\t	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	I. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 TYES 2 NO Spec	en, Puerto Rice		14. RACE — Black, W Specify: BLK	Americen indian, fhite, etc.			
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired.	during most of working	16b. KJ	ND OF BUSINESS/IND					
MP	11th 17. FATHER'S NAME (First, Middle, Last)		DOMESTIC		P						
	WILLIAM BAGI	737				die, Maiden Surname)					
8E	19e. INFORMANT'S NAME (Type/Print)	I. I.	19b. MAILING ADDRE	SS (Street end Number or Rura	ENIA S		Code) M1	D. 20772			
2	DALE SCOTT			RRY S. TRUI							
	20e. METNOD OF DISPOSITION		PLACE AND DATE OF DISPO	SITION (Name of	DATE	20c. LOCATION —					
	4 Donation 5 Other (Specify)		HARMONY ME	M CEMETER	Y 13-28	-92 LAN	DOVE	R MD 2078			
	Samuely		se 2	7474 LAND	NUTUR I	JENKINS RD, LAND	FUNI	ERAL HOME MD 20785			
	23. PART(I. Enter the diseases, of shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardia:	ch line.	er the mode of dying, su	ch as cardiac	c or respiratory arr	ea1,	Approximate interval Batween Onset and Death			
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	· Alzher	CONSEQUENCE OF):  MELL  CONSEQUENCE OF):								
MEDICAL C	PART II. Other significant condition	na contributing to death bu	t not resulting in the u	inderlying ceuse given li		A. WAS AN AUTOPSY PERFORMED?	AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO			
z											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	theck only one)						
IYSI	1 YES 2 NO	1   Inpetient 2   ER/Outpe	tlent 3 DOA 4 N	rsing Home 5 - Residence	_						
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	29b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	20d. DESCR	IBE HOW INJURY OCC	CURED				
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Special	At home, farm, street, fe	ctory, office	281. LOCATIO	ON (Street and Number lown, State)	or Aural Aout	Number,			
COMPLET		ICIAN: To the best of my knowle						d manner es stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIES		Mn	29c. LICENSE NU D 2.56	JMBER			onth, Dey, Year)			
10	Khoskow D	O COMPLETED CAUSE OF DEA		OUTBERN AV		7 WASH	. D.C.	20032			
	MAR 31 199	32. REGISTRAR'S SIGNA Julia Davi	don-Randell								

	osbi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		4
	the I	deta		OUC
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	quire	n Siç	# He	MO
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	NG	ther	eath	E
	END	R: A	er d	100
	AT	ECTO	s aft	n 28
	DR	DIR	hour	ten
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospit	B	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	OSP	UNE	rithin	ANT
	포	부	M Pe	ORT
	T O	10	e fi	품
	-	-	0	-

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND CICATE OF DEATH	MENTAL HYGIENE REG. NO.	2 10091
	1. DECEDENT'S NAME (First, Middle, Last)  Dents	Kadan		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	579025658	5. SEX  6. AGE (In yrs. last birthday)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Marth, Day, Year)	BIRTHPLACE (State or Foreign Country) West Ly. des
TOR	9a. FACILITY NAME (If not institution, give st  HAShington  RESIDENCE OF DECEDENT	Adventist Hospital	96. CITY, TOWN OR LOCATION OF I	Park, Md F.	Myce Georges
DIRECTOR	10a. STATE 10b. COUNTY		Y, TOWN OR LOCATION SIlver Spring	19	10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
FUNERAL	9107 Taho	na Dr	10f. ZIP CODE 2090	10g. CITIZE	EN OF WHAT COUNTRY?
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec		14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)  (Give kind of side. Do NOT us	/ /	166. KIND OF BUSINESS/INDU	
	Secondary  17. FATHER'S NAME (First, Middle, Lest)	Kadan	Chane 18. MOTHER'S N	AME (First, Middle, Maiden Surname)	,
TO BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip C	2/Code)
T	136.11	dan 8107	Tahona Or,	Alver Spring	Mon
	20a, METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Remo 4  Donation 5  Other (Specify)	vel from State 20b. PLACE AND DATE Complete, crematory or or		OATE 20c. LOCATION - CI	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		22. NAME AND ADDRESS OF A	ACILITY / SerVICE	14
	The	85	716 Kenn	ed 57, 144 W	28h, DE,
	ohock, or heart fellure. I	omplications that caused the deeth. Do not come the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	pivaten _	failure	et, Approximate Interval Between Onset and Death
TION	Sequentisily liet conditions, if sny, leading to immediate	DUE TO JOH AS A CONSEQUENCE OF	ration Jo	meumaria	Inth
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF	Th.		
AL CE	PART II. Other significant conditions	contributing to death but not resulting i	in the underlying cause given in		240. WERE AUTOPSY FINDINGS
: MEDIC				PERFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C)	teck only one)	
HYSI	1 TYES 2 NO.	1 ☐ Impetient 2 ☐ Eft/Outpetient 2 ☐ DOA ☐ 28s. DATE OF INJURY ☐ 28b. TIME	OTHER: 4   Nursing Home 5   Residence EOF   Sic. INJURY AT		
ВУ Р	1 Return 5 Pending 2 Accident Streetigation	(Month, Day, Marr) INJ		284. DESCRIBE HOW INJURY OCCU	HED
8	3 Suicitie 6 Could not be determined	29s. PLACE OF INJUSY — At home, farm, a building, etc. (Specify)	treet, factory, office	281. LOCATION (Street and Number or City or Rown, State)	Flural Route Number
COMPLET	(Check only one) 2 MEDICAL EXAMINER	(AN: To the best of my knowledge, death occurre On the basis of examination and/or investigation	d at the time, data and place, and du n, in my opinion, death occured at the	to the chuse(s) and manner as stated time, date and place, and due to the o	: :mine(s) and menner as stated.
TO BE (	296. SIGNATURE AND TITLE OF CENTIFIER	- An M.	D 29c LICENSE NU D 33	4-82 P 2	3 13 192
	Sajzev Anand,	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, My 7227 B HG	mover Pky G	reentelt MD =	20770
	MAR 31 1992	722 7 B flo			•

and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s A second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the 

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely niked in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First,								2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH	
						03	08	92	8:15a.m.				
	4. SOCIAL SECURITY NUME 214-28-82		5. SEX 1 M 2 K	8. AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR		Count	IPLACE (State or Foreign y)  Laware	
TOR	Home RD	l Box						or Location of D	DEATH QueenAnns				
DIRECTOR	10a. STATE Maryland	10b. COUNTY	n Anns			y, town					10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER		II AIIIS		Su	ider:		T. ZIP CODE		10a.	CITIZEN OF	1 TYES 2 NO	
FUNERAL	RD1 Box 4	l						21668			US		
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	NED		If yes, sp	CENDENT OF HISPA Hecify Cuban, Maxico 2 NO Specif	in, Puarto Rican, e		14. RAC Blac Spec	E — American Indian, k, Whita, etc. //y: WHITE	
COMPLETED	15, DEC (Specify onl Elementary/Secondary (	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  ary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S U (Give kind of wo life. Do NOT use				work done	CCUPATE during me	ON ost of working	16b. KIND	OF BUSINESS	INDUSTRY		
MPL	8				Home	emak	er		Hom	ie			
BE CO	17. FATHER'S NAME (First, M. Jacob Scot	· ·							ME (First, Middle, Cummi		•)		
TO B	19a, INFORMANT'S NAME (	Type/Print)						and Number or Rural					
F	Barbara Lo							1 Sudle				668	
	20a. METHOD OF DISPOSITION  1 Burlai 2 Cremation 3 Removel from State  4 Donation 5 Other (Specify)									Harri		n, De.	
	21. SIGNATURE OF FUNERA	L SERVICE LICE	7 Ba	ing S	Lu,	22.	HAME A	ND ADDRESS OF EACH	Berry	Fune	ral	Homes Inc.	
	23. PART I. Enter the d						Mi	lford.	De.	9963			
		eart fallure. L	lat only one cau	se on each line	).			-				Approximate interval Batween Onset and Daath	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a.   Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
ERT	resulting in death) LAS	T d	ı,										
MEDICAL (	PART II. Other algnifice	ent conditions	contributing to	death but not r	reaulting	In the u	nderiyin	g cauae given in		WAS AN AUTOP PERFORMED? YES 2 THO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
_												TES ZENO	
PHYSICIAN:	25. WAS CASE REFERRED T EXAMPLER?		HOSPITAL:			ОТНЕ		LACE OF DEATH (C)	heck only one)				
\ X	1 TO YES 2 NO		1 - Inpatient 2 -		-	4 🗆 Nu	rsing Hor	ne 6 Residence	6 Other (Spec	olfy)			
ВУ РН	27. MANNEY OF DEATH  1 Netural 5  2 Accident	Pending Investigation	26a. DATE OF (Month, D		28b. TH	ME OF JURY M	W	JURY AT DRK? YES 2 NO	28d. DESCRIBE	HOW INJURY	OCCURED		
	3 Suicide 6 4 Homicide	Could not be detarmined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, fac	tory, offic	DO .	281. LOCATION City or Town		nber or Rural	Route Number,	
COMPLETED	one)							and piece, and dud				a) and manner as stated.	
TO BE	296 SIGNATURE AND TITLE	OF CERTIFIER	. 15,	neme	ia 1	M. L	) .	29c. LICENSE NU		29d.		(Month, Day, Year) 3/11/92	
F	30. NAME AND ADDRESS O	/	COMPLETED CAUS	ARRICH		e, Print)		Del 1	1895 2				
	31. DATE FILED (MORTH PRY	27 '92	32. REGISTRA	R'S SIGNATURE	on-R	indelle		1			- 3		



FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

							DLA		HEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Virginia A	LeBeau	1						2. DATE OF DEATH	<b>*</b> 2	952"	3. TIME OF DEATH 5:43 A
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t historius)	IF UNDER	A VEAD	IF UNDER		7. DATE OF BIRTH	_		PLACE (State or Foreign
	579-03-4305	1 □ M 2)\XF	96	YRS.	MONTHS	DAYS	HOURS	MIN.	July 29"	1895	West	Virginia
_	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN						EATN	
DIRECTOR	Doctors Commun	ity Hosp	ital		La	Lanham PG						
S	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN (	OR LOCAT	ION	_				104 INCIDE CITY
	Md Princ	e George					Upp	er M	lar1boro	10d, INSIDE CITY LIMITS?  1 "38 2XX NO		
FUNERAL	10o. STREET AND NUMBER					101	. ZIP COD	E		10g. CIT	ZEN OF V	WHAT COUNTRY?
NE	4422 Dery Ro		IT EVER IN U.S. AR		-				20772		U.S.	
BY FU	1 Never Married 2 Married 3) Wildowed 4 Divorced	FORCES?	YES 2 NAME OF DATES			It yes, sp	ecify Cube	or NISPAN In, Maxican Specify:	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No—	Black	- American Indian, White, atc. White
	15. OECEDENT'S EDI	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/INC	USTRY			
COMPLETED	(Specify only highest grad		work done									
OM	17. FATNER'S NAME (First, Middle, Last)	Tel	epno	ne O	pera			U.S. Go		ment		
	David Entler						mbrose	Surriemey				
TO BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	S (Street a			oute Number, City or Tow	n, State, Zip	Code)	
F	Shirley Leber			HC 7	'2 Bo	x 12	217 L	ocus	t Grove Va	a., 2	2508	
1	20e, METNOD OF DISPOSITION  1) November 2 Cremation 3 Ren	20b. PLACE	ND DATE	OF DISPOS	ITION /No	me of		DATE 200 10	CATION —	City or To	wn, Stata	
	4 Donation 6 Other (Specify)	CENSEE	cemetery, cree Washin	gton				mete	ry Suit	tland	Md	
	* Refer E WI	/Lin			Robert E. Wilhelm Inc., 4308 Suitland Rd. Suitland Md., 20746							
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Dnly one cer	PSiS			the mo	de of dy	ing, auch	a cardiac or reap	ratory arr	reat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	b. Pa	(OR AS A CONSEC	EQUENCE OF):								
ERT	resulting in death) LAST	d										
	PART II. Other algolificant condition	na contributing to	deeth but not n	aulting	In the un	deriying	cause	given in f	Part I. 24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	Congestive	Heart							PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WE	Hypothyro											1 TES 2 NO
ÿ I	Osteoarthr	itis										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	<b>1</b> :			ck only one)			
₹ X	t TES 2 NO	28a. DATE OF	ER/Outpatient 3	DOA 26b, TIM				sidence (	6 Other (Specify)			
	1 Pending	(Month, E			URY M		ORY AI PIK? (ES 2 [	NO ON	26d. OEŞCRIBE HOW I	NJURY OCC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	ne, farm, s	street, fact	ory, office	•		281. LOCATION (Street a City or Town, State)	and Number	or Aural A	oute Number,		
	29a. CERTIFIER . CERTIFYING PHYS	SCIAN TO THE DAME OF	I my knowledge, des	th comm	ad at the st	lan data			to the cause(a) and mar			
COMPLET												and manner as stated.
BE C	201. INGHATY HE AND TITLE OF CONTINU	bleco	P. ms				29¢ LICE	MUM BEN	BER	29d. DAT	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS SHEERSON WI	10 COMPLETED CAU	SE OF DEATH (ITEM	1 27) (Type.	, Print)		نه	20.5	100	-	1/2	-//-
	Margery G	. Myer	9 14	314	OH	Mar	lboro	tike,	Upper Mar	boro,	MP	20772
	31. DATE FILED (Month, Day, War)	32. REGISTRA	AR'S SIGNATURE	-Ran	dall							





## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO	).				
	1. DECEDENT'S NAME (First, Middle, Last) Betty Le	wic		2. DATE OF DEATH		3. TIME OF DEATH			
	Betty Leurs	EWIS			AY YEAR	7 cre			
		yrs. last birthday)   IF	UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH		PLACE (State or Foreign			
		MO	THE DAYS HOURS MIN.	(Month, Day, Year)	Countr	y)			
	1 3 / 8 4 8 / 4 3 3 1 1 5			111/19/3		sh.,D.C.			
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY TOWN OR LOCATION OF DEATH								
DIRECTOR	Prince georges Huzp ctz Cheverly Pa								
5	RESIDENCE OF DECEDENT								
분	10s. STATE 10b. COUNTY		OWN OR LOCATION			10d. INSIDE CITY LIMITS?			
ā	Maryland PG	Car	oitol Height	S		1 XYES 2 NO			
	10e. STREET AND NUMBER		101, ZIP CODE		10g. CITIZEN OF V				
8									
FUNERAL	osis harein Eacher king, or. highway								
교	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi	ANIC ORIGIN? (Specify Ye	Black, White, atc.					
В	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify:								
	no								
M	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	Ba. DECEDENT'S USU	IAL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUSTRY				
Ξų I	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	fired.)						
9	12th	Housev	ife						
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			IAME (First, Middle, Maiden	Suntame				
Ö	Eugene L. Beasley		lna Peter:						
BE									
2	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rura						
	Donald F. Lewis	6313	Martin Luth	er King,	Jr. Hic	hway			
	METNOD OF DISPOSITION 20b.PI	ACE AND DATE OF D	SPOSITION (Name of	DATE 20c. LC	CATION - City or To	wn, Stata			
	1 ABuriel 2 ☐ Cremetion 3 ☐ Removal from State compte 4 ☐ Donation 5 ☐ Other (Specify) ☐ ☐ ☐	TY MONY VINON	emroial Par	k 3/28/9	2 Lando	ver.Md.			
	A Donetton 5 Other (Specify) Comments of Puneral Service Licenses of Facility  1. Highest Re of Puneral Service Licenses								
	Stewart Funeral Home								
	4001 Benning Road, N.E.								
	23. PART I. Enter the diseases, or complications that caused to	he death. Do not	enter the mode of dving. su	ch es cardlec or men	iratory arrest	Approximate			
	ahock, or heart fellure. List only one cause on each	h line.			and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	interval Between			
	IMMEDIATE CAUSE (Final disease or condition								
	and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death and the death an								
	DUE TO (OR AS A CONSEQUENCE OF):								
Z	fante hu	10 carde	of Inpeco	tion)					
CERTIFICATION	If any, leeding to immediate	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
8	cause. Enter UNDERLYING								
Ē	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):								
1	resulting in deeth) LAST								
8	d					-			
	PART II. Other eignificant conditions contributing to deeth but	not resulting in ti	ne underlying cause given i	Part I. 24a. WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS			
MEDICAL	PERFORMED? AM								
ō	1 TYES 2 DYNO OF								
Z	1 TE								
ä									
M	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)					
8 1	EXAMINER?  1 YES 2 NO  1 Inpetient 2 FER/Outpetti		HER:						
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence	1					
4	1 Natural 5 Pending (Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE NOW	INJURY OCCURED				
ΒY	2 Accident investigation	M 1 YES 2 NO							
ED	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)								
1	4 Nomicide determined City or Town, State)								
COMPLET	29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge death accurred at the time date and elecs and due to the country.								
₹	(Check only one)  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
8	2 CAMINEEL CAMINEEL OF THE BASIS OF SESSION SE	nd/or investigation, in	my opinion, death occured at th	e time, data and placa, ar	nd due to the cause(s)	and manner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE N	JMBER	29d. DATE SIGNED (Month, Day, Year)					
0	Lung WLK no	1 /7	63	2/ /					
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Time Prin	0	46	1/2	1/23/92			
	1 11 11 11 11 11 11 11 11								
	Linox Whithy MD 9536 CRAIN Huy Copies Marelboro MD20172								
	APR 0 2 1992 32. REGISTRAR'S SIGNATURE APR 0 2 1992	from Randal	2		)				
10		Manual I I I							

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has the filed within 72 hours after death with the State Dept IMPORTANT: If Item 28 is marked, or Item 23

								9	2	10895
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		DEPARTMEN			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Mipole, Last)	in May 00		h Ameli			2. DATE O	OF DEATH	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7.  YRS. MONTHS DAYS HOURS MIN.						7. DATE O	Day, harly	BIRTHPLA Country)	and
ECTOR	9a. FACILITY NAME (If not institution, give street and number)  Fallston Location of DEATH  Fallston					ATH	Set. COUNTY			
DIRECT	nesidence of decement  10a. state 10b. count  Maryland Har	rford		Bel Air		TION				d. INSIDE CITY LIMITS?
ERAL	100. STREET AND NUMBER 1603 Emmorton Roa					ZIP CODE 2101	4	10g. CITIZE		T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 P N	MED 13	If yes, sp	ecify Cuben, Mexice 2 NO Specify	n, Puerto Ri		Specify:	
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION le completed) College (1-4 or 5+)	(Gi	CEDENT'S USUAL tive kind of work done Do NOT use retired.	OCCUPATIO e during mo	ON Isl of worlding	16b.	KIND OF BUSINESS/INDUS		С.
E COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First					ME (First, M Irene	ne Scotten			
TO B	19a. INFORMANT'S NAME (Type/Print)  George A. Marll  160:  10a. Method of Disposition  1 D. Burlel 2 Cremetton 3 Remove from State				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 603 Emmorton Road, Bel Air, Md. 21014					
					POSITION (Name of cometery, cremetory or 20c. LOCATION — C				y or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  HOWARD K. McComas III Funeral Home, P.A.  1317 Cokesbury Road, Abingdon, Md. 21009									
			nplications that caused the death. Do not enter the mode of dying, such as centrolly one cause on each line.			h es cerd	lsc or respiretory srres	st,	Approximate interval Between Onset and Desti	
7	resulting in death)	DUE TO (OR AS	A CONSEC	OUENCE OFF:	EY	2				8 mon
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
ERTIFI	that initiated events resulting in death) LAST	d.	A CONSEC	DUENCE OF):				,-		
MEDICAL C	PERFORMED?					CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
							-		1	☐ YES 2 ☐ NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 700	HOSPITAL:	rtpatient 3	□ DOA 4 □ N	ER:	LACE OF DEATH (Ch		,		
РНУ	27. MANNED OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	Y)	28b. TIME OF INJURY	28c. IN.	JURY AT DRK?	28d. DE\$	CRIBE HOW INJURY OCCU	RED	17

29a. CERTIFIER (Check only 1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

ition and/or investigation, in my opinion, death occured at the time, data and place, and due

1 YES 2 NO

206. SHOWATURE AND PITUE OF CERTIFIER 29c. LICENSE NUMBER D13775 29d. DATE SUSNED (Month-Day, Year)

М

APR 07 92 grana Davidson-Maria

6 Pending Investigation

6 Could not be detarmined

1 Natural

2 Accident

3 Suicide

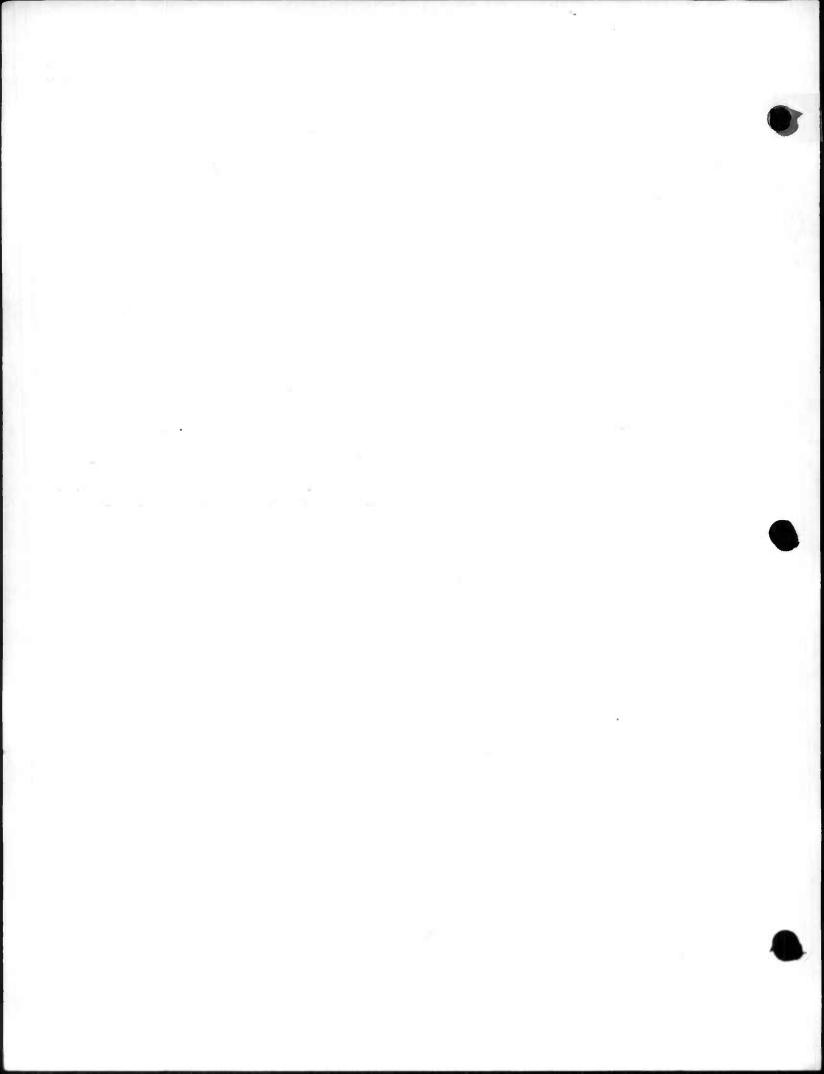
4 Homicide

BY

COMPLETED

BE 0

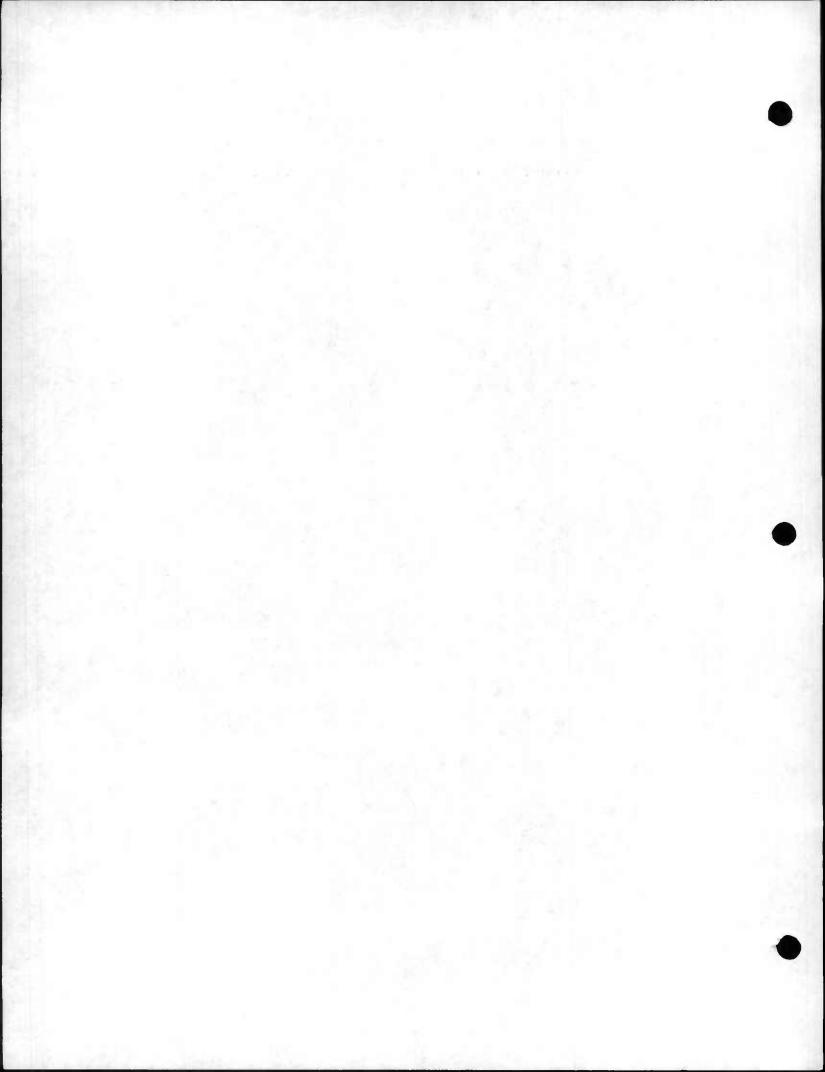
281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



#### VOIDED DEATH #92-10896

Antia R. Mayfield DOD - 3/26/92 Mont. Co.

SEE FETAL DEATHS





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

								RE			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH		3. TIME OF DEATH
	Jeanotte F	Maid	Pin					MONTH	DAY	O'S	
								03	_30	76	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER		7. DATE OF Bit (Month, Day,		8. BIRT	THPLACE (State or Foreign
	577-22-9204	1 M 2 F	84	YRS. MO	NTHE DAYS	HOURS	MIN.	12 - 2	-190	7 HO	11ywood, Md
	9e. FACILITY NAME (If not institution, give		-07								
~	THE PROPERTY NAME IN NOT HIS BRUDON, GIVE	etreet end number)		96	CITY, TOWN	DR LOCATI	ON OF DE	ATH	90	COUNTY OF	DEATH
9	Suburban Hos	ital			Betl	nesd	a			M.C.	
5	RESIDENCE OF DECEDENT										
m	10a, STATE 10b. COUNT	TY		10c. CITY, TO	OWN OR LOCAT	TION					10d. INSIDE CITY
E											LIMITS?
-	D.C.			Was	shing						1) YES 2 NO
A	10a. STREET AND NUMBER				101	f. ZIP COD	E		10	g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	2118 4St.	N E				200	0.2			77 0	
Ž	11. MARITAL STATUS		T EVER IN U.S. ARM								. A.
5	1 Never Married 2 Married	FORCES? 1	YES 2 NO	IED D	13. WAS DEC	ENDENT (	OF HISPAN	IC ORIOIN? (Spin, Puerto Rican,	ecify Yes or h	No- 14. RA	CE — American Indian, ick, White, etc.
BY			AR OR DATES X				Specify		410.1		elly: Black
	3 X Widowed 4 Divorced										DIACK
COMPLETED	15, DECEDENT'S ED	UCATION	18a, DEC	EDENT'S USI	JAL OCCUPATION	ON		165 KIND	OF BURNE	SS/INDUSTRY	
E	(Specify only highest grad	le completed)	(Gh	e kind of work	done during mo	at of working	ng	TOUR KINE	OF BOSINE	SSIMEDOSINI	
"	Elementary/Secondary (0-12)	College (1-4 or 5+		Wait				1 10	Restu	70 m fr	
₽	1.2			walti	1622			T.	restu	Lant	
ő	17. FATHER'S NAME (First, Middle, Last)					18 MOT	HER'S NAI	ME (First, Middle,	Maiden Sum	a mal	
						10. 11.	TIETT O THAT	me (1 mat, microse,	Mercen Sun	(1110)	
BE	Samuel Coate	G					Lau	ra Lee	2		
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street e	nd Number	r or Rural F	loute Number, Ch	ty or Town, St	ate, Zip Code)	
2	Sandra Giny	ard	9	002	Hewle:	tt D	r.	Ft. Wa	sh.	Md. 2	0744
	20s. METHOD OF DISPOSITION										
	t E Burial 2 ☐ Cremation 3 ☐ Ren	novel from State	20b. PLACE AP	ND DATE OF D	ISPOSITION (Na	nne of				ON — City or	
	Donation 8 - Other (Specify)	4-01	Harmo	ny M	em. Pa	ark	4	-3-92	Land	over	Md.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		1111	22. NAME A	ND ADDRE	SS OF FAC	YTHE			
	10	1 11		Λ				Car	oito1	Mort	
	Monayon	X XII	unil	Th						Mort	cuery
	23. PART I. Enter the disesses, or	complications the	coursed the def	Do not	1425	Mar	y12:	nd Ave	N	F	
	shock, or heert fellure.	List only one ceu	se on each line.	yi. Do not	enter the mo	as or dy	ing, auci	a a cardiec c	or reapirato	ry arreat,	Approximeta Interval Between
- 1	IMMEDIATE CAUSE (Fine)									- 1	
	disesse or condition		Ca		.tu		46	) sit	9	ما الم	7.
	resulting in death)										
	rooming in county	0145 70	(00 10 10 10 10 10 10 10 10 10 10 10 10 1		2110		1 1	-01			
		DUE TO	(OR AS A CONSEOL	JENĆE OF	56		(				
Z		DUE TO	(OR AS A CONSEOU	JENCE OF	200 C	ces	los	d	وكرو	Corch.	
NOIL	Sequentially list conditions,	b. OUE TO	(OR AS A CONSEOU	JENCE OF):	so (	ص	lon	d	وكذا	COCA	5-
ATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING	b. OUE TO	(OR AS A CONSEOU	JENCE OF): JENCE OF):	S (0	ص	lon	d	المحادث	200	
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	(OR AS A CONSEOL	JENCE OF);	sc) (	co	lar	d	المحافظة	COCA	
TIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSEOL	JENCE OF);	SD (	Cer	lon	d	الأحدد	Coca	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	(OR AS A CONSEOL	JENCE OF);	S 110	cu	lar	d	الأحماد	Coca	
CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEOL	JENCE OF):					dis	- CIA-	
	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cOUE TO dns contributing to	(OR AS A CONSEOL	JENCE OF): JENCE OF):				Part I. 24a.	WAS AN AUTO	OPSY 24	Ib. WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cOUE TO dns contributing to	(OR AS A CONSEOL	JENCE OF): JENCE OF):	he underlyin	g ceuse (	given in I	Part I. 24a.	WAS AN AUTO	OPSY 24	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cOUE TO dns contributing to	(OR AS A CONSEOL	JENCE OF): JENCE OF):		g ceuse (	given in I	Part I. 24a.	WAS AN AUTO	OPSY 24	Ib. WERE AUTOPSY FINDINGS
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cOUE TO dns contributing to	(OR AS A CONSEOL	JENCE OF): JENCE OF):	he underlyin	g ceuse (	given in I	Part I. 24a.	WAS AN AUTO	OPSY 24	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cOUE TO dns contributing to	(OR AS A CONSEOL	JENCE OF): JENCE OF):	he underlyin	g ceuse (	given in I	Part I. 24a.	WAS AN AUTO	OPSY 24	Ib. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cOUE TO dns contributing to	(OR AS A CONSEOL	JENCE OF): JENCE OF):	he underlying	g couse	given in I	Part I. 24a.	WAS AN AUTO	OPSY 24	Ib. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMMER?	c. DUE TO d	(OR AS A CONSEOU	JENCE OF):	he underlying	g couse	given in I	Part I. 24a.	WAS AN AUTO	OPSY 24	Ib. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2000	c. DUE TO d	(OR AS A CONSEOU	JENCE OF): sulting in ti	ne underlying	g couse	given in I	Part I. 24a.	WAS AN AUTO PERFORMED YES 2	OPSY 24	Ib. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH DAY 2 YEAR 538 BERNARD LEE MAUCK 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 05/08/08 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign XX M 2 F DAYS HOURS YRS 578-01-3446 9a. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHINGTON COUNTY HOSPITAL DIRECTOR **HAGERSTOWN** WASHINGTON 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MARYLAND HOWARD CLARKSVILLE FUNERAL 10e, STREET AND NUMBER 101. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 11271 OLD HOPKINS ROAD 21029 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yea, specify Cuben, Markean, Puerto Rican, etc.)
1 YESXX NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced WHITE ETED 18e. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. OECEOENT'S EOUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 0 6 STEAM FITTER LOCAL 602 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) be notified at WILLIAM MAUCK LORA BELLE KLINE MAUCK 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) LORETTA BASSLER 8843 JORDAN ROAD FAIRPLAY, MARYLAND 21733 METHOO OF OISPOSITION
Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 4 Donation 6 Other (Specify) PAUL S LUTHERAN CHURCH CEM FULTON, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE Raminer 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. lal 7601 SANDY SPRING RD 20707 medical 23. PART I. Enter the disesses, or complications that cause the death. Do not enter the mode of dying, such as cardiec or respiratory screat, shock, or heart feliure. List only one cause on the shock in the state of the shock of the state of the shock of the state of the shock of the shock of the state of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock and completely filled in by burial, cremation, or reme Approximate Interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** the disease or condition aft reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) T/8837 RINIE traumatic CERTIFICATION Sequentially list conditions. prior to **OUE TO (OR AS A CONSEQUENCE OF** if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to other t CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST 6 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY 1 TES 2 NO shows a OF DEATH? or this certificate has been si th with the State Dept. of He arked, or item 23 show 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 YES 2 NO ent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? is marked, 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending DIRECTOR: After to hours after death vitem 28 is mark BY 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide IMPORTANT: It item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated THE HOSPITAL (
THE FUNERAL E 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner es stated. NO TITLE OF CERTIFIER BE LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 60 4 223 0 Agun trul 1 0/0x1

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT, if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	1. DECEDENT'S NAME (First, Middle, Last)	800 -11		1	IOATI	- 01	DEA		2. DATE OF MONTH	DEATH D		YEAR 3	. TIME OF DEATH
	Harrison  4. SOCIAL SECURITY NUMBER	B.Myrt1	-	٧ ٢					03	_3		<del>7</del> ä	0835 9
	578-16-3701	5. SEX 8. AG	73	YRS.	IF UNDER MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF 8/28	PARTH 18		Virg	ACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give a						R LOCATI		ATH		9c. COUN	TY OF DEA	TH
5	Washington Adv	entist Ho	sp.		Tak	oma	Pa:	rk			Mont	gome	ery
DINECTOR	10a. STATE 10b. COUNTY	nce Georg	es'		yatt								od. INSIDE CITY LIMITS?  XX YES 2 NO
LONERAL	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITIZ		AT COUNTRY?
Š	4809 Rocl	xford Dr.				2	2078	4			U	J.S. 7	A.
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVEL FORCES? 1 YE IF YES, GIVE WAR OF	S 2XX			If yes, sp	ENDENT Cooking Cube	n, Maxica	IIC ORIGIN? (S n, Puerto Rica :	ipecify Yes n, etc.)	or No-	14. RACE - Black, 1 Specify:	- American Indian, Whita, etc. Black
COMPLETE	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON of working	w.	16b. KH	ND OF BUS	SINESS/INDU	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)					st of workin						
	3rd		Int	eric	or D	eco	rato				ucti	on	
		Manual 1 - O							ME (First, Midd		,		
	Harrison B.  19a, INFORMANT'S NAME (Type/Print)	Myrtle, S		MAILING	ADDRES	R /Street o			Slat			0-4-1	
2	Dorothy E. Myr	tle		Same	e as		10 a			uny or low	n, Stare, Zip i	Code)	
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from Stata	PLACE A	ND DATE	OF DISPOS	BITION(NE	me of	12 /	DATE		CATION — C		
	4 Donation 5 Other (Specify)		Härm	ony			ark4			Lan	dove	r,Md	•
	Mary		ist	1		Hen	rv S	5. W		gto Ave	n & .	Sons E.	,Inc.
	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEC										Onset and Deat
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEC	UENCE O	F):								
	PART II. Other significent condition	contributing to death	but not re	esulting	in the ur	nderlyin	g ceuse (	given in		PERFOR		C	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26. Pt	ACE OF D	EATH (Che	ck only one)				
	EXAMINER?	HOSPITAL:	utpatient 3	□ DOA	OTHEI 4 Nur	₹:			6 Other (S	necify)			
	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Yes.		28b. TIM	E OF	28c. INJ	URY AT	T	28d. DESCRI		NJURY OCCI	URED	
	1 Natural 5 Pending 2 Accident Investigation	(MOTER, Day, Year	,	1144	M M		RK? res 2 [	NO					
_	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJU building, etc. (S	RY — At hor pecify)	me, farm,	street, fac	ory, offic			28f. LOCATIO City or To	N (Street a wn, State)	and Number o	or Rurai Rou	te Number,
		CIAN: To the best of my kn											nd manner as stated.
3	296, SIGNATURE AND TITLE OF CERTIFIER		UD				29c. LICE	NSE NUM	BER		29d, DATE	SIGNED /A	footh Day West
	30. NAME AND ADDRESS OF PERSON WE	OCCUMPLETED CAUSE OF THE 3450 FO	DEATH GTEN	127) (Type	Print)	2	Rea	S	lan	ne	l H	0 20	707.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		ends 00									

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRA
1. DECEDENT'S N
JOSEPH
4. SOCIAL SECUP
578-48-
9a. FACILITY NAM
CALVE
CALVEI RESIDENCE 10a. STATE
RESIDENCE
RESIDENCE 10a. STATE
RESIDENCE 10a. STATE Marylar
Marylar 100. STREET AND
Marylar 10e. STREET AND 5924

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

1. DECEDENT'S NAME (First	t, Middle, Last)					IOAII		DLA	-	2. DATE OF DEATN			3. TIME OF DEATH
JOSEPHINE 4. SOCIAL SECURITY NUMBER		5. SEX								MARCH 28,	199	2 YEAR	2109 M
578-48-6728		1 M 2 TF	6. AGE (In	yrs. last i	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Morith, Day, Year)	011	8. BIRTH	PLACE (State or Foreign Y) York
9a. FACILITY NAME (If not in		- 44	//	_	THO.					Oct.16, 1			
			A.T					OR LOCATI				JNTY OF D	
CALVERT MI		L HOSPITA	AL.			PR.	LINCE	FRE	DERT	CK, MD	CA	LVER	L'
10a. STATE	10b. COUNT	Y			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
Maryland	Princ	ce George	e's		Dis	stric	t H	eight	S			ı	LIMITS?
10e. STREET AND NUMBER								f. ZIP COD			10g. CI1	TIZEN OF V	VHAT COUNTRY?
5924 Marl	lboro 1	Pike						20747	7			U.S.A	1.
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARM	ED	13.	WAS DE	ENDENT C	F HISPAN	HC ORIGIN? (Specify Yes			— American Indian, t, White, atc.
1 Never Merried 2 2 3 Wildowed 4 Dive		IF YES, GIVE Y						2 XNO		n, Puerto Rican, etc.)		Spec/	White
15. DEC (Specify onl	EDENT'S EDU	CATION completed)		18a. DECI	EDENT'S	USUAL O	CCUPATI	ON pet of working		16b. KIND OF BUS	INESS/IN		
Elementary/Secondary (I	0-12)	College (1-4 or 5						ost of working		Feder	al G	overn	ment
12				)cea	nogi	raphy	In	telli	gen	ce Spec.			
17. FATNER'S NAME (First, M	_							18. MOTH	ER'S NA	ME (First, Middle, Malden	Sumame)		
Marco	Troise	9						L A	nge:	la Napoli	tana		
19a. INFORMANT'S NAME (1										Route Number, City or Tow			
Betty I. Ma				32	1 St	ın Pa	ırk	Lane,	Hui	ntingtown,	Mar	yland	20639
20e. METNOD OF DISPOSIT	n 3 🗆 Rem	ovel from State	comol	LACEAN	DDATE	OF DISPOS	ITION (N	ame of		OATE 20c. LO	CATION -	City or To	wn, State
4 Donation 5 Other			Res	surr	ecti	ion (	eme	tery	- 4	4/1/92 C1:	into	n, Ma	ryland
I SIGNATURE OF FUNERA	L SERVICITED	Hal	11			(	eor		Ka.	las Funera			
23. PART I. Enter the d	sesses, pr	complications the	t caused i	he deet	h Do r	ot anter	160	Uxor	Hi.	11 Rd. Oxo	n Hi.	11, M	
allock, of it	aart lanure.	List only ona cau	se on eac	h line.	00 1	iot siitei	the me	de or dyr	ng, suci	n as cardiac or respi	ratory sr	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Fir disease or condition	nal												Onset and Death
resulting in death)	7	DUE TO	(OR AS A C	ONSEGU	Tre	st_							
							Α .	A					
Sequentially list condition of any, leading to immediate	ions,	DUE TO	(OR AS A C	ONSEOU	ENCE OF	5114 Fi:	Trei	COSI.	S				2 days
cause. Entar UNDERLY	NG .					*	84	100.					3 days
CAUSE (Disease or Inju that initiated events	iry	DUE TO	SIS O	ONSEOU	ENCE OF	A(	CIII	31094					3 days
resulting in death) LAS	Т	4.											
PART II Other significa	mt condision												+
PART II. Other aignifice									iven In	Part I. 24a. WAS AN. PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
		us, Peri	pherou	LVa	saul	lar D	1,000	ML,		1 _ YES 2	D NO		COMPLETION OF CAUSE OF DEATN?
Anen'	ia									_			1 - YES 2 - NO
25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:				OTHER		ACE OF OR	ATH (Chi	ick only one)			
1 YES 2 PATO		1 Inpatient 2				4 🗆 Num	ing Nom		Idence	8 Other (Specify)			
	Pending	28a. DATE OF (Month, D		1	INJ	URY		RK?		28d. OEŞCRIBE NOW IN	JURY OC	CUREO	
2 Accident	investigation	00.00.00			1000	M		ES 2	NO				
	Could not be detarmined	28e. PLACE O building,	etc. (Specify	At home	, 1erm, s	stree1, facto	ory, offic			281. LOCATION (Street a City or Town, State)	nd Number	r or Rural Ru	oute Number,
29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowled	ige, death	occurre	ed at the H	me, date	and place	and due	to the cause(s) and man	nor so st-	lad	
one) 2 MEDI	CAL EXAMINE	R: On the basis of a	amination a	ind/or Invi	etigatio	n, in my or	pinion, d	eath occurs	d at the	lime, data and place, and	due to #	e Causale)	and manner as stated
29b. SIGNATURE AND TITLE													
Proposis	1							29c. LICE	NSE NUM	BER			(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WAR	COMPLETED CAUS	E OF OFAT	H (ITEM 1	7) (Kma	Print						nau .	19, 1992
140 3 2 Q 2 2 B										Lyon, mo			
31. DATE FILEO (Month, Day.	(gar)		PR.	LNCE	FRE	EDER1	CK,	MD	200	578			
MAR	30 199	32. REGISTRA	ia Davy	dson-	Mano	tall							



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afti	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	IMPORTANT. If item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	With	plete	E-BU	E,
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FOR 1 - STATE		STATE OF	MARYLAND / DEI	PARTMEN	T OF I	HEALTH	AND	MENTAL HYGIEN	_E 9	2	10901
1. DECEDENT'S NAME (FI		ILLS	CERI	IFICAT	E OF	DEA	Н	REG. NO  2. DATE OF DEATH MONTH D. 3	15	YEAR 92	3. TIME OF DEATH 07457
4. SOCIAL SECURITY NU 577-28-419		5. SEX 1 X M 2 F	6. AGE (In yra. lest birth	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 24 JAN 19		Count	NPLACE (State or Foreign
Suburban H	lospita			333	thes	or locati	ON OF D	EATN		egome	
10e. STATE Virginia	ACCOL			arksl		TION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
Route 1, B					10	234					States
11. MARITAL STATUS 1 Never Married 2 [ 3 Widowed 4 December 14 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 December 15 Dec	X Married	FORCES?	NT EVER IN U.S. ARMED 1 N YES 2 NO WAR OR DATES	13	if yes, s		n, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No-	Spec	E — American Indian, ik, White, etc.

BY FUNERAL DIRECTOR White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 6+) 12 Carpenter Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) John Mills Patie McDaniel BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9602 Tuckerman Street, Seabrook, MD Robert L. Mills, Sr. 4/1 1992 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Parksley Cemetery 4 Donation 6 Other (Specify) Parksley, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE #M00690 22. NAME AND ADDRESS OF FACILITY
Thornton Funeral Home Noward Box 264, Parksley, Virginia ausca 23421 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition PNEVMONIA 4 mos resulting in death) DUE TO (OR AS A CONSEQUENCE OF): LOYKS PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING mpyemA EUROCUTANEOUS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 mas THYMECTOMY PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PSEUDO MEMBRANOUS COMPLETION OF CAUSE OF DEATH? 1 TES 2 TEND DIABETES MELLITY 1 YES NO ATRIAL FIBRILL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO atient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 6 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 33443 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Po 1/40 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randelle

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BOX	
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N OF VITAL RECORDS, P.O. BOX 68760,	
LAL RE	
OF VI	
DIVISION OF	

30. NAME AND ADDRESS OF PERSON WH 33))

31. DATE FILED (Movin, One Hear)

APR 0 2 1992

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)			CERTIF	ICATI	C OF	DEATH	2. DATE	OF DEATH	DAY	YEAR 3.	. TIME OF DEATH
I	MADELINE  4. SOCIAL SECURITY NUMBER	- 489		SHALL				-		1992		3:35 P.
		5. SEX 1  M 2  F	6. AGE (III yr	s. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.	/04	26/192	22	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give stre						OR LOCATION OF	DEATH		9c. COUN	TY OF DEAT	тн
1	Prince George's	Hospi	tal		Ch	eve	rly			Prin	ce G	eorge's
I	10e. STATE 10b. COUNTY			10e, CIT	Y, TOWN	OR LOCAT	TION		-		10	od. INSIDE CITY LIMITS?
		e Geor	ge's		For		ville					YES 2 NO
1	100. STREET AND NUMBER	0				101	ZIP CODE					AT COUNTRY?
ŀ	1304 Wendover	Court	F EVER IN IT	ADMED	10	W80 DEC	20747	MANIC ODICIA	19 10 16 · M			States
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	ecify Cuben, Mex	ican, Puerto I		NO OF NO.	Specify:	- American Indian, White, etc.
ı	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	164	e. DECEDENT'S				16b	KIND OF BU	JSINESS/IND		
ľ	Elementary/Secondary (0-12)	College (1-4 or 5 +		life. Do NOT u	se retired.)		111111111					
ŀ	12th Grade			Statis	stic	al				ernme	nt	
ı	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S					
ŀ	Richard West			195 MAILING	ADDRES	g /Street /	and Number or Rui	Susi			Cortel	
ı	Herman Marshal	1					er Ct.					
ľ	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remove		20b. PL	ACE AND DAT	E OF DISI	POSITION	(Name	DAT	E 20c. L	OCATION —	City or Town	, State
l	4 Donation 5 Other (Specify)		Mar	yland			Cemeter		L Che	ltenhan	n, Mary	yland
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE	+		S 22.	tew	nd address of art Fu	nera.	l Hom	ne		
	Lohn	alleni	ast.	III	4	001	Benni	ng Ro	d., N	I.E.	Wash	. D.C.
ı	23. PART . Entar the diseasea, or co shock, or heart fellure. L	mplications that	caused th	a death. Do	not anta	r tha mo	de of dying, s	uch as car	diac or rea	piratory am	est,	Approximate Interval Between
ı	IMMEDIATE CAUSE (Final		C.	0		1						Onset and Dea
	disease or condition resulting in death)		(a)	Miac	0	US	-					2 hors
ı		DUE 10	(OH AS A CO	NSEOUENCE C	IF):			Λ.	0.1	4		Cont
	Sequentielly list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	INSEQUENCE C	or);	الما	C CUSA	1				290
ı	cause. Entar UNDERLYING		M	WIVO	عد	1	2el Jun	~				10 yell
	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CO	NSEQUENCE C	IF):		11	X				0
ı	resulting in death) LAST								_			
	PART II. Other eignificent conditions	contributing to	daeth but i	not resulting	in the u	ndariyin	g cause given	In Part I.		N AUTOPSY		ERE AUTOPSY FINDING
									1 TYES	2 NIMO	C	MAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS
										7	- 1	F DEATH?
۱												
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF DEATH	(Check only o	ne)			
ı	1 TES 2 NO	1 Inpatient 2		nt 3 🗆 DOA	4 Nu		ne 8 🗆 Residen	ce 8 🗆 Othe	r (Specify)			
ı	27. MANNER OF DEATH  1 Natural 8 Pending	28e. DATE OF (Month, D		28b. Til	WE OF JURY	W	JURY AT ORK?	28d. DE	SCRIBE HOW	INJURY OCC	CURED	
ı	2 Accident Investigation	28e PLACE O	F INJURY	At home, farm,	etraat for		YES 2 NO	201 1.00	ATION (Street	t and Number	or Burni Bou	de Number
I	3 Suicide 8 Could not be determined	building,	etc. (Specify)	At Home, letting	ativat, 181	ording, ortin		City	or Town, Stat	(a)	or ribrair rios	ne rumos,
H	29e. CERTIFIER	IANI. To the burner		an de late		41-			Salvito in .			
н	(Check only one)	IAN: To the best of	my knowledg	ge, death occur	red at the	time, det	and place, and	due to the ca	use(e) end m	enner as stat	ed.	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
To kedo teu. Sufe A/2

32. DEGISTRABIS SIGNATURE
Julia Day doon-Randall

THE THINK



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		OLITIII	ICAIL	F DEATH	REG. N	IO.	
- 3	1. DECEDENT'S NAME (First, Middle, Lest)	. Marks				2. DATE OF DEATH	PYCI C	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 9-10-	70	A. BIRTHPLACE (State or Foreign Country)
	577-03-3346 9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOW	N OR LOCATION OF D			Wash.,D.C
5	DONHUM MU RESIDENCE OF DECEDENT	Hosp. Ce	nter	Cli	nton		1Pm	1ce Georges
DIRECTOR	10a. STATE 10b. COUNT	ince George		v, town or Local				10d. INSIDE CITY LIMITS?  1  YES 2 XXIO
RAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
FUNEHAL	8600 Mike S	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS D	20735	NIC ORIGIN? (Specify	Yea or No 1	USA 4. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 TYES		If yes,		en, Puerto Rican, etc.)		Black, White, etc.  Specify: White
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	completed)	16e. DECEDENT'S (Give kind of Ille. Do NOT us	work done during		16b. KIND OF E	IUSINESS/INDU	STRY
COMPL	10	College (1-4 or 5+)		togra	oher	Comm	ercial	l Photo
3	17. FATHER'S NAME (First, Middle, Lest)  Arthur W. Ma:	rks				ME (First, Middle, Maid an Bras]		
10 BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree		Route Number, City or 1		code)
-	Lois A. Titi							Hills,Md.
	20a. METHOD OF DISPOSITION  CDSuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20t	PLACE AND DATE OF PROPERTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF	ther place)	(Name of 3 - 31 -			ty or Town, State 2074
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	inc. Oll	22. NAME	AND ADDRESS OF FA	CILITY LEE F	meral	Home, Inc.
	Shannon	(2) La	mine	003.	3 Old Alton, Md.	exander	Ferry	Road
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	с	CONSEQUENCE OF	F):				
- 11	PART II. Other algnificant condition	e contributing to death b	ut not resulting I	n the underlyl	ing cause given in	Part I.   24s. WAS /	IN AUTOPSY	24b. WERE AUTOPSY FINDING
MEDICAL	4	- tructure					PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL	for love						
PHYSICIAN:	EXAMINER?	HOSPITAL:	atlent 3 DOA	OTHER:	PLACE OF DEATH (Ch			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	NJURY AT YORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
- 10	2 Accident Investigation		- At home term o	treet, factory, off	lice	28t, LOCATION (Stree City or Town, Stat	and Number or	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28a. PLACE OF INJURY building, etc. (Spec	ily)			Only or lown, State	<del>0</del> )	Rural Route Number,
10 03	3 Suicide 4 Homicide  29a. CERTIFIER (Check only)  3 CERTIFYING PHYSIC	CIAN: To the best of my know	edge, death occurre	d at the time, de	te and piece, and due	to the cause(s) and m	enner as atated	
E COMPLEIED BY	3 Suicide 4 Homicide  29a. CERTIFIER (Check only)  3 CERTIFYING PHYSIC	CIAN: To the best of my know	edge, death occurre	d at the time, de	te and place, and due death occured at the 29c. LICENSE NUI	to the cause(s) and m	enner as atated and due to the o	
O BE COMPLETED BY	3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  Remark  1 Suicide 4 Could not be datarmined  2 CERTIFYING PHYSIC 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  Remark  1 Suicide 4 Could not be datarmined	CIAN: To the best of my know	edge, death occurre	id at the time, da	death occured et the	to the cause(s) and m	enner as atated and due to the o	cause(s) and manner as stated,
O BE COMPLETED BY	3 Suicide 4 Homicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know	edge, death occurre	id at the time, da	death occured et the	to the cause(s) and m	enner as atated and due to the o	cause(s) and manner as stated,

burther mense 

0, BALTIMORE, MARYLAND 21215-0	ithin 24 hours after death. Page 6 may be retained by the hospital or attending tetely filled in by the funeral director, page 5 should be detached for use as the emation, or removal.  It is medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical and completely filled in by the funeral director, page 5 should be detached for use as the burlat be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
VV	11

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAN													
1. DECEDENT'S NAME (First, Middle Kenneth		Mac	Me	edlin					2. DATE O MONTH	D	1992	YEAR	10:55PM
4. SOCIAL SECURITY NUMBER	5. SEX		6. AGE (In yr	s. last birthday)	IF UNDER	t YEAR	IF UNDER	24 HRS.		F BIRTH Day, Year)		8. BIRTHP	LACE (State or Foreign
246-62-4319	1 📆 M	2   F	51	YRS.	MONTHS	DAYS	HOURS	MIN.	Janua	Day. Year)		Country)	
			21	. 110									<u>Carolina</u>
90. FACILITY NAME (If not institution		umber)					OR LOCATIO		EATH			NTY OF DE	
6801 Allenton	wn Road				Can	ip Si	pring	S			Prir	ice Ge	eorge's
RESIDENCE OF DECEDE		•											
10a. STATE 10b.	CDUNTY			10c. Cl	TY, TOWN I	DR LOCAT	TION						IOd. INSIDE CITY
Maryland Pr.	ince Geo	rge 1	S	Car	mp Sp	oring	as						YES 2 NO
10e. STREET AND NUMBER	1100 000	190			T DI		ZIP CODE				I son CIT	IZEN OF WA	IAT COUNTRY?
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6801 Allento	own Road	1					20748						U.S.A.
11. MARITAL STATUS			T EVER IN U.S						NIC ORIGIN?		e or No	14. RACE -	- American Indien,
1 Never Merried 2 Merri	led FOR	CES? 1	YES 2	. □NO		If yes, sp	ecity Cuba	n, Mexica	in, Puerto Ri	can, etc.)		Specify	White, etc.
3 Widowed 4 Divorced				•		1 TES	SATVINO	Specin	у:				
		961-											asian
	IT'S EDUCATION lest grade completed	n	161	<ul> <li>DECEDENT'S</li> <li>(Give kind of</li> </ul>	work done	during mo	on ast of workin	g	166. 1	KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)		(1-4 or 5 -	+)	ille. Do NOT I	use retired.)								
8th	N/A	A				R	ofer			Self-	Emplo	oyed	
17. FATHER'S NAME (First, Middle,	Last)						16, MOTI-	ER'S NA	ME (First, Mi				
									eatri				
T. H. Medl													
19e. INFORMANT'S NAME (Type/Pr	rint)			Della Caraciana		Carl School		or Rural	Route Numbe	r, City or Tov	vn, Stata, Zi	p Code)	
Natasha	Medin			Sat	me as	5 10	A-F						
20e. METHOD OF DISPOSITION	1100111		non Di	ACE AND DAT		_		_	DATE	200.10	CATION	City or Tow	n Stele
1 Burial 2 Cremation 3 4 Donetion 5 Other (Spec	☐ Removal from	State	of cem	etery, cremator	y or other	place)_	1 (Ivaine	4	3 92TE				
			Mar	yLand								nam M	
21. SIGNATURE OF FUNERAL SET	RVICE LICENSEE	1/	//				ND ADDRES						me, Inc.
	7//	1	-		6	533	214 7	lex	ander	Ferr	v Rd	Clin	ton, Md 20
MARION	- 11.	1 1											
23. PART I. Enter the disees shock, or heert IMMEDIATE CAUSE (Finel disease or condition		y Dne cad	use Dn each	line.	not ente	r the mo							Approximata interval Between Onset and Deati
shock, or heart IMMEDIATE CAUSE (Finel		y Dne cau	MALIGI		not ente	r the mo							Approximata interval Between
shock, pr heert  IMMEDIATE CAUSE (Finel disesse or condition	s	DUE TO	MALIGI	NANT M	not ente	r the mo							Approximata interval Between
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BIRTHPLACE (State or Foreign Country)

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

3:00 pm

10a. STATE

DIRECTOR

FOR STATE REGISTRAR

10c. CITY, TOWN OR LOCATION

F UNDER 1 YEAR F UNDER 24 HRS.
MONTHS DAYS HOURS MIN.

ANDREWS A F B

9b. CITY, TOWN OR LOCATION OF GEATH

MILTON

6. AGE (In yrs. last birthday)

YRS.

44

5. SEX

MALCOLM GROW USAF MEDICAL CENTER

10b. COUNTY

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Georgia

PRINCE GEORGE'S

7. DATE OF BIRTH (Month, Day, Year) 11 SEP 47

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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32. REGISTRAR'S SIGNATURE Fundale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

3. TIME OF DEATH

2. DATE OF DEATH

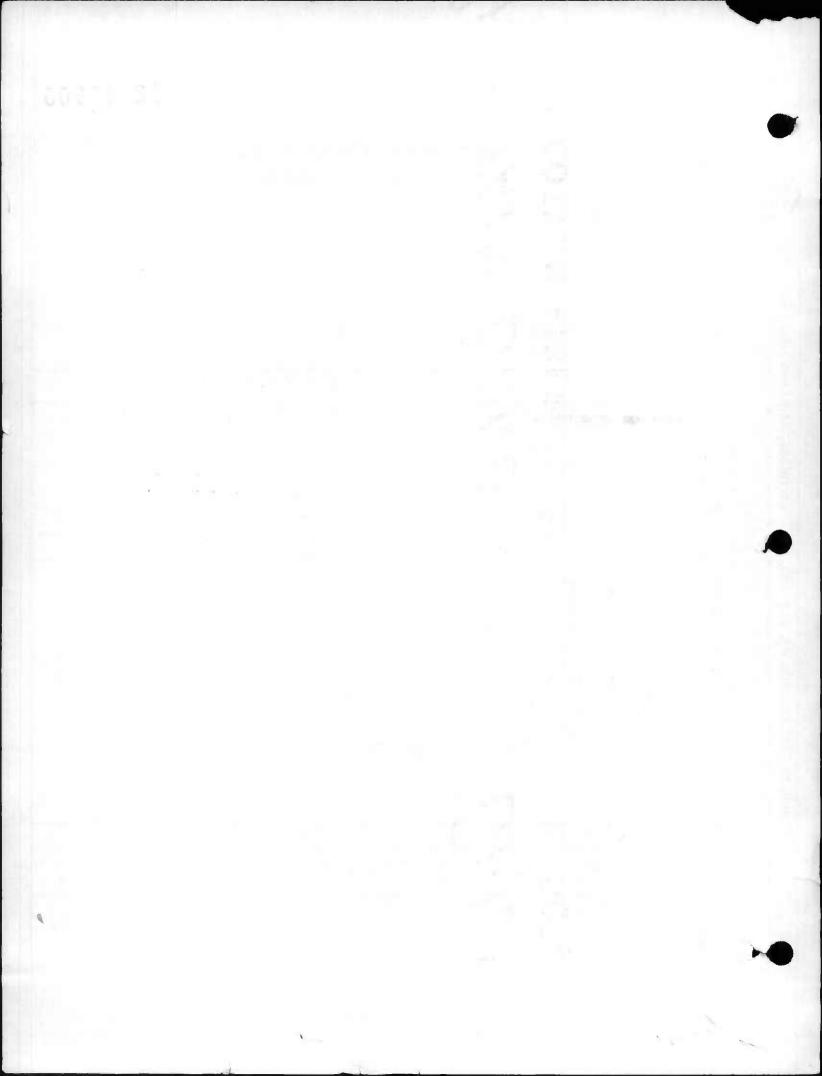


MAR 3 1 1992

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DHMH-16 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burilal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY		CATE OF		men in	REG. NO		26	1091
1. DECEDENT'S NAME (First, Middle, Last	)					OF DEATH		- 3	TIME OF DEATH
Clayland		Qui1	1en		3 /	6	AY 9	PEAR C	10:07
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPL Country)	ACE (State or Foreig
218-05-4761	1 2 M 2 🗆 F	75 YRS. M	IONTHS DAYS	HOURS MIN.		7.10.	1916		d.
9a. FACILITY NAME (II not institution, give Memorial Hos	etreet end number)	1		R LOCATION OF D	EATH		9c. COUNT	Y OF DEA	
	pitai		East	on			Tall	oot	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	TY	10c, CITY.	TOWN OR LOCATI	ION				1	Dd. INSIDE CITY
Md. Dor	chester	Hu	rlock						LIMITS?
10e. STREET AND NUMBER				ZIP CODE		_	10g, CITIZE		AT COUNTRY?
6475 Skin	ners Run R	oad		21643			us	A	
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECE	NDENT OF HISPA	NIC ORIGI	N? (Specify Yes		RACE -	- American Indian,
1 Never Merried 2x Married	FORCES? 1 YES	S 2 NO		city Cuben, Mexica 2 NO Specia		Rican, etc.)			White, etc.
3 Widowed 4 Divorced								(	Vhite
15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S US	SUAL OCCUPATION rk done during mos retired.)	N at of working	164	. KIND OF BU	SINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				2				
11	0	Machin	e Open			Plass		alg.	
17. FATHER'S NAME (First, Middle, Last)	: 0 0 0 10			16. MOTHER'S NA			Surname)		
John Qu	rrren	ton standing .	DODECO (O)	Netti			- 0		
				nd Number or Rural					
Hazel Ouillen		6475 Ob. PLACE AND DATE OF		TS RUN	Pd.	H117	och,	Md.	Ptoto
1 Donation 5 Other (Specify)	moval from State	emetery, cremetory or other Hillcres	er place)		1				
		HLLLCLES.			3/10	142 1	eaer	arst	ourg. M
21. SIONATURE OF MUNERAL SERVICE L	LCENSEE		22. NAME ANI	D ADDRESS OF FA	MULLI Y				
21. SIGNATURE OF PUNERAL SERVICE L	ICENSEE		Wil.	liamso	n Fu				
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23. PART I. Enter the diseases, or shock, or heart feilure immediate Cause (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. 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31. DATE FILED (Month, Day, Year)
APR - 8 92

32. REGISTRAR'S SIGNATURE

TRAR'S SIGNATURE

9	2	1	0	9	0	1

	1 - STATE REGISTRAR	SIAIE UF W		ERTIF					ENTAL HYGIE		Con	80601
	1. DECEDENT'S NAME (First, Middle, Last)				TOAT		DLA		2. DATE OF DEATH		3.	TIME OF DEATH
	Frederick	Lee	Ric	e					монтн 4 б	DAY 9	YEAR 2	6:45 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. in		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPL/ Country)	ACE (State or Foreign
	213-03-9840A	1 🔀 M 2 🗆 F	75	YRS.		120	1000	- 33	03/01/1	7	Mary	land
(C)	9e. FACILITY NAME (If not institution, give e Memorial Hos				9b. CIT	Y, TOWN C	OR LOCATI	ON OF DEA	тн	9c. COUNT	Y OF DEAT	Н
DIRECTOR	RESIDENCE OF DECEDENT	pital			E	last	on			Tal	bot	
5	10a. STATE 10b. COUNTY			10c. Cl	ry, TOWN	OR LOCAT	ION			_	10	d. INSIDE CITY
	Maryland Car	oline			Den	ton					1	LIMITS?
ĭ¥.	100. STREET AND NUMBER ROute 2, Box	E / A				101	ZIP COD		0			T COUNTRY?
BY FUNERAL								2162			S.A.	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 V		13.	If yes, sp	ENDENT (	OF HISPANIO M, Mexican,	C ORIGIN? (Specify Y Puerto Rican, etc.)	ee or No-	Black, W	American Indian, Thite, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	3XX40	Specify:			Specify:	White
0	15. DECEOENT'S EDUC (Specify only highest grade	CATION	18e. D	ECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND OF B	USINESS/INDUS	STRY	
1	Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +	1/4	Sive kind of a. Do NOT u	work done se retired.)	during mo	st of workli	ng	S+001	Cons	+ 2010	tion
COMPLETED	9th		I	ron	Wor	ker			31661	COIIS	trut	
8	17. FATHER'S NAME (First, Middle, Last)	D							E (First, Middle, Maide			
BE	Clarence E.	Rice, S							Meredit			
2	10a. INFORMANT'S NAME (Type/Print)  Mrs. Marjorie	C Dicc							to Number, City or To			
	20a, METHOD OF DISPOSITION	C. KICE						Deli	ton, MD	-		
	t Suriel 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, cri	ematory or o	other place	)			1	deral		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 0011	cord	22.	NAME AN	O ADDRE	SS OF FACE	LITY			
	Muchaif 7.	Eskow			Fi	ramp O Bo	tom	-Haw	kins-Es ederals	kow F	uner MD	21632
	23. PART I. Enter the diseases, or of ahock, or heart fellure.	omplications thet	ceused the d	eath. Do								Approximate
	IMMEDIATE CAUSE (Finel	LIST ONLY ONE COO	se on eech iiii	σ.								Interval Between Onset and Death
	disease or condition resulting in death)	Ruptur	ed aor	io	anou	KOV	n					0
												1
O	Sequentially hat contentions,	Athero	SCIETO	Sis	Abd	lomi	nal	aort	:a			?
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING				•							
F	CAUSE (Disease or injury that initiated eventa	Genera DUE TO	OR AS A CONSE	OUENCE O	eros F):	сте.	rosı	.s				?
HT	resulting in death) LAST											
	PART II. Other algnificant condition	contribution to	death but not		la de			1				
CAL									PERFO	NAUTOPSY PRMEO?	AM	RE AUTOPSY FINDINGS ULABLE PRIOR TO
MEDI	- Hypertension	, ASHD,	CHF,	Atr	a1	fib	rila	tion	1 TYES	2 NO		MPLETION OF CAUSE DEATH?
Σ	Cholylithosi	s, and	COPD						-		1 (	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH (Chec	k only one)			
SIC	EXAMINER?  1 TYES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatient :	B DC DOA	OTHE	R:			Other (Specify)			
ΉÝ	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY	28b. TIN		28c. INJ	URY AT	7	28d. DESCRIBE HOW	INJURY OCCUI	RED	
ВУ Б	1 Netural 5 Pending 2 Accident Investigation	(Morati, Da	y, rour)	100	M		RK? 'ES 2	NO				
ED E	3 Suicide 6 Could not be	28e. PLACE OF building.	INJURY - At he	ome, ferm,	street, fec	tory, office		- 1	28f. LOCATION (Street City or Town, Steet	end Number or	Rural Route	Number,
1	4 Homicide determined								ony or 10111, 2101	·		
IPL	290. CERTIFIER 1 CERTIFYING PHYSIC											
COMPLET	0/10) 2 MEDICAL EXAMINE	R: On the basis of ex	amination end/or	Investigation	on, in my o	opinion, de	eath occur	red at the lis	me, date end place, e	nd due to the o	ause(e) en	d menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	4	-10	)			29c. LICE	NSE NUMB		29d. DATE S	IGNED (Mo	onth, Day, Year)
TO B	1/2//	when	M	- 1			D	110	21	1 4	-8.	-92
-	128 Bloom	COMPLETEO CAUS	E OF OEATH (ITE	M 27) (Type	, Print)	,	1-	1			100	
	1000100m11	gra le	- pul	1-	ede	ra	150	DVV	* mi	)/	630	2

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	FOR
1	STATE
	REGISTRAR

	5. SEX 1 M 2 F  flon, give atreet and number)  USAF Medical	6. AGE (In yrs. 49	lest birthday) YRS.	IF UNDER 1 Y	VEAR I		-	h 30,	1772		9:20	A	M
493-44-1752  90. FACILITY NAME (III not Institute Malcolm Grow RESIDENCE OF DECEL TOO. STATE 100. STATE 100. STREET AND NUMBER 2140 Gunt 11. MARITAL STATUS 1 Never Merried XXMed	1 M 2 □ F  tion, give atreet and number)  USAF Medical					F UNDER 24 HRS.	7 DATE	OF BIRTH		a DIOTI	IPLACE (Stot	n or Enmis	_
9a. FACILITY NAME (II not inetitu  Malcolm Grow  RESIDENCE OF DECEC  10a. STATE  MD  10a. STREET AND NUMBER  2140 Gunt  11. MARITAL STATUS  1 Never Merried	USAF Medical	49		MONTHS E	_	OURS MIN.	(Month	, Day, Year)	4.0	Count	(Y)		
Malcolm Grow  RESIDENCE OF DECEC  100. STATE  MD  100. STREET AND NUMBER  2140 Gunt  11. MARITAL STATUS  1 Never Merried XXMee	USAF Medical			9h CITY T	DWN OB	LOCATION OF O		-13-		INTY OF D	LO1	115	M
MD  10e. STREET AND NUMBER  2140 Gunt  11. MARITAL STATUS  1 Never Merried **XMee		Center				AFB, MI					eorge	s	
100. STREET AND NUMBER  2140 Gunt 11. MARITAL STATUS 1 Never Merried 2000 Mer			10e. CIT	Y, TOWN OR	LOCATIO	N					10d. INSID		
2140 Gunt  1. MARITAL STATUS  1 Never Merried 2000	St. Marys		G	older	n Be	each					1 TYES		
1. MARITAL STATUS  Never Merried 2000 Mer		- 16			101. Z	P CODE			10g. CIT	IZEN OF	WHAT COUN	TRY?	
☐ Never Merried ②【XMer	her Drive				1 2	20659				USA			
	COROTTO	NT EVER IN U.S.				DENT OF HISPAI				14. RAC	E America	n Indian,	
	IF YES, GIVE	WAR OR DATES to 12			YES 2	ty Cuban, Mexico		ncen, etc.)		Spec			
15, OECEDF	NT'S EDUCATION		OECEOENT'S	USUAL OCC	UPATION		16b	KIND OF BU	SINESS/IN	DUSTRY	DIC	ICK	_
	hest grade completed)  College (1-4 or 6		(Give kind of a life. Do NOT u	work done dur se retired.)	ring most o		.,,,						
12	Compa (1-4 or 6	.,	Mili	tary	Off	icer		U.S.Z	A.F.				
17. FATHER'S NAME (First, Middle	Lest)				1	6. MOTHER'S NA	ME (First, I	Middle, Maiden	Sumame)				
Edgar B	. Ridlev					Dor	othy	John	nson				
19a. INFORMANT'S NAME (Type/			19b. MAILING	ADDRESS (S	Street end	Number or Rural							
Tarciana C	ansico Rid	lev	2140	Gunt	her	Dr.	GOId	en Be	each	. MI	) 20	1659	
20a. METHOD OF DISPOSITION		20b. PLA	E OF DISPO			ery, crematory or			CATION -				
1 Buriel 2 Cremation 4 Donation 5 Other (Sp			ingt	on Na	atio	nal C	em.	Ar.	ling	ton	, VA		
21, SIGNATURE OF FUNERAL S	BAICE MCENTER	1 11				ADDRESS OF FA		Stric				ces	
Down!	V Krick!	and		950	7 9	ilver							
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	Bilater DUET	o (or as a conso (or as a conso (or as a cons	imonia SEQUENCE O	)F):									
	d												
PART II. Other algnificant	onditiona contributing t	o death but no	ot resulting	In the und	erlying (	ceuse given in	Part I.	24s. WAS AF PERFO 1 YES	RMED?	24	MARLABLE COMPLETE OF DEATH	PRIOR TO ON OF CAU	
25. WAS CASE REFERRED TO M	EDICAL				98 P4 C	OF OF DEATH OF	back and						
EXAMINER?	HOSPITAL:	C) contract	a 🗆 501	OTHER:		CE OF DEATH (C	T						
1 TYES 2 NO NO	28s. DATE C	ER/Outpatient	3 DOA		ng Home	5 Residence	_	r (Specify) SCRIBE HOW	INJITIES O	CCHREA		_	_
1 Natural 6 Per	(Month,	Day, Year)	IN	JURY M	WORK	(? ^' S 2 □ NO	200. DE	AOUIDE HOM	URI U	SOMEO			
3 Suicide 6 Co	atigation  28e. PLACE buildin  buildin	OF INJURY — At g, etc. (Specify)	home, ferm,	street, factor			261. LOC C/ty	CATION (Street or Town, State	end Numb	er or Rurel	Route Numb	NÇ .	
anal comp	ING PHYSICIAN: To the best				Inion, des		e time, date		nd due to	the cause	(e) and manr O (Month, De		nd.
( X	undo				-		11				30,		
30. NAME AND ADDRESS OF PO	RRIS, Captai			141		1m Grov					er		

TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page before within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HIS OTHER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

BB61: 1

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

REGISTRAR				EKIIF	ICAI	E UI	F DEATE	1		REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE (	OF DEATH	AY	YEAR 3	. TIME OF DEATH
ANTHONY					ROB				03	28		992 :	3:31 A.
I. SOCIAL SECURITY NUMBE	ER	5. SEX	6. AGE (In yrs.	lest birthday) YRS.	MONTHS	DAYS		HRS. MIN.	7. DATE C. (Month, 7 - 2	Day, Year)		Country)	ACE (State or Foreign
e. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CIT	Y, TOWN	N OR LOCATION	OF DE		/-0]		NTY OF DEA	
OUTHERN M.	ARYLA	AND HOS	PITAL		CI	INT	ON				PRI	NCE C	SEORGES
MARYLAND	PRI	NCE GEO	ORGES		UPP		MARLBO	ORO					Od. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	7					1	10f. ZIP CODE				10a, CIT		T COUNTRY?
35]0 E	YRE I										UNI		STATES
Never Married 2 1 1 Widowed 4 Divon		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 27	ARMED	13	If yes,	ECENDENT OF I specify Cuban, I ES 2 NO	HSPAN Mexican Specify:	, Puerto R	(Specify Yellicen, atc.)	s or No	Black, 1	- American Indian, White, atc. BLACK
15. DECE (Specify only	DENT'S EDU	CATION completed)	16a.	DECEDENT'S	USUAL (	OCCUPAT	TION most of worldna		16b.	KIND OF BU	SINESS/INE	DUSTRY	
Elementary/Secondary (0-		College (1-4 or 5	+)				most of working			ר מ מ	VAT	E	
J2th 7. FATHER'S NAME (First, Mic	idle (net)			LAN	DSC	WLT			15 (5)			ь	
ROBERT R		SON								ROB		N	
9a. INFORMANT'S NAME (Ty)				19b. MAILING	3 ADDRES	SS (Street	at and Number or			-			
ROBERT RO	BINS	ON		35]0	EY	RE	DR. U	PPI	ER M	ARLB	ORO,	MD	
Oa. METHOD OF DISPOSITION Development Donation 5 Donation	ON 3 🗆 Remo	oval from State	cometen i	EANDDATE	ther place	1		4-	-4-9			City or Town	
11. SIGNATURE OF FUNERAL			I	C			AND ADDRESS	OF FAC					UNERAL H
JOHN	SAM	The X	amu	els	3	200	) R.I.	A					
Sequentially list condition of any, leading to immed cause. Enter UNDERLYIM CAUSE (Disease or Injur that initiated events	iata IG	b DUE TO	(OR AS A CONS	REQUENCE O	P):								
resulting in death) LAST		d											
PART II. Other algnifican	t condition	s contributing to	death but no	t resulting	in the u	inderiyi	ing cause give	en In F	Part I.	24s. WAS AN PERFOR	RMED?	All Co	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
5. WAS CASE REFERRED TO EXAMINER?	MEDICAL						PLACE OF DEAT	H (Che	ck only one	)			
NO NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		ome 5 🗆 Reald	enca 6	☐ Other	(Specify)			
7. MANNER OF DEATH	el conse	28m. OATE OF (Month, D	ay, Year)	28b. TIM	E OF JURY	28c. IN	NJURY AT YORK?		28d. OE\$C	RIBE HOW I	NJURY OC	CUREO	
- C FEETER	ending ivestigation	Found:	3-28-92	Found	d:A™	1 🗆	YES 2 N	0	unkno				
	ould not be starmined	28a. PLACE O building, Hame	F INJURY — At etc. (Specify)	home, farm,	street, fac	ctory, off	fica	I	281. LOCA City of Jpper	TION (Street I Town, State) Marlbo:	3510 20,P.G	or Rural Rou Eyre Di Coun	Number,
		CIAN: To the best of						d due t	o the caus	e(s) and mer	nner as stat	ed.	
96. SIGNATURE AND TITLE C			and/o	n investigatio	zri, iri my	opinion,				ind place, an			nd manner as stated.
The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa		(W/C	~				29c. LICENS	E NUMI	BER		29d. DAT	E SIGNEO (M	onth, Day, Year)
O. HAME AND ADDRESS OF	PERSON WHO	COMPLETED CALE	SE OF DEATH (1)	EM 27) (7000	Print	-	10.0	M	E.		0.3	1-29-	1992
AME	1120	N		111 E		I S	TREET	BA	D TIM	ORE	MARY	T AND	21201
1. DATE FILED (Month, Day, Ye MAR 3 (	1992		SIGNATURE	-Randa	ee								



6	1	THE R
BALTIMORE, MARYLAND 21215-0020	w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit terms.  Under the standard physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit terms.
. RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within	been signed by the attending physician and completely filled in by the

FUNERAL 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 THO FORCES? 1 YES ZYNO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comp entery/Secondary (0-12) College (1-4 or 5 +) 11 examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) Anthony Bellina BE 19a. INFORMANT'S NAME (Type/Print) 9 Patricia Culver (daughter) 20e. METHOD OF DISPOSITION
1 N Burlel 2 Cremation 3 Ref 21. SIGNATURE OF FUNERAL SERVICE LICENSES medical shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the disease or condition 0 shows any Injury, or other traumatic event, resulting in death) MARO MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Louen CAUSE (Disease or injury DUE TO (OR AS A COM that initiated events resulting in deeth) LAST PHYSICIAN: Dept. OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? this certificate har with the State De irked, or Item 2 I TES 2 NO 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) marked, 1 Natural 5 Pending DIRECTOR: After the hours after death william 28 is mark BY 2 Accident 3 Suicide 6 Could not be COMPLETED 4 Homicide FUNERAL ( HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of exami-29b. SIGNATURE AND TITLE OF CERTIFIER BE 2

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 03 28 Mary Amelia 1992 REILLY 10:03P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHIN ACK TIME A Foreign August 14, MONTHS DAYS 1 M 2 X F HOURS 1912 New York 050-10-7538 79 YRS. Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DOCTORS COMMUNITY HOSPITAL DIRECTOR LANHAM PRINCE GEORGE'S RESIDENCE OF DECEDENT 10e. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
XXLIMITS?
1 YES 2 NO Maryland Prince George's Hyattsville 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5620 Elberton Place 20781 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Cafeteria Manager P.G. County Schools 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rose Traina 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8000 Travis Lane, College Park, Maryland 20740 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Gate of Heaven Cemetery 04/01/92 Silver Spring, Md. 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, MD. 2078 23. PART/I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata Interval Between Onset and Death p hapen n DUE TO OR AS A CONSEQUENCE OF): ue) -002 21140111 DUE TO (OR AS A CONSEQUENCE OF): Cour PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 | YES 2 A NO 1 TYES 2 NO 26. PLACE OF DEATH (Check only OTHER 1 | Inpetient 2 | ER/Outpetient 3 | DOA g Home S - Residence 6 - Other (Specify) 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 YES 2 NO 28s. PLACE OF INJUSTY -- At home, farm, street, factory, office building, etc. (Specify) 29f, LOCATION (Street and Number or Flural Route Number Olly or Yours, State) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) end menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 46 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 632 Maneles DHAMA (Month, Day, Year) MAR 31 31. DATE FILED (Month, 32. REGISTRAR'S SIGNATURE - Randall Gulia Davidson 1992

11.00.1 SE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as it		65
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1	HOSPITA	UNERAL	vithin 72	ANT: II
	의 기본	THE I	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.
-			

REGISTRAR		CERT	IFICATE OF	DEATH	REG. N	0.						
	1. DECEDENT'S NAME (First, Middle, Last) PAULA REDDING							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
						26 19		2:58				
4. SOCIAL SECURITY NUMBER 216-86-0673	5. SEX	6. AGE (In yrs. last birth	RS. FUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 2,	1963	Country)	H. D.C				
	PRINCE GEORGES HOSPITAL CHEVERLY							rH EORGES				
	10b. COUNTY			TION	THE STATE OF		10d. INSIDE CITY					
	VCE GEOF	RGE'S	LANDOVER			450	1X YES 2 NO					
100. STREET AND NUMBER 2264 BRIGHTSEA	AT RD #	101	2			10g. CITIZEN OF WHAT COUNTRY?  USA						
10e. STREET AND NUMBER 2264 BRIGHTSEZ 11. MARITAL STATUS    November   2   Married 3   Wildowed   0 Divorced	erried 2 Married FORCES? 1 YES 2		13. WAS DE If yes, a 1 — YE	NIC ORIGIN? (Specify 1 an, Puerto Rican, atc.) iy:								
15. DECEDENT'S ED (Specify only highest grasses only highest grasses on the secondary (0-12)  9 + h  17. FATHER'S NAME (First, Middle, Last)	UCATION de completed) College (1-4 or 8	+) (Give kin life. Do N	NT'S USUAL OCCUPAT ed of work done during m IOT use retired.)	ION ost of working	16b. KIND OF B	USINESS/INI	DUSTRY	6				
17. FATHER'S NAME (First, Middle, Lest)		LEOOD	SERVICE	18 MOTHER'S NA	AME (First, Middle, Melde	on Comema)						
ROBERT REDDIN	IG JR.					,						
19a. INFORMANT'S NAME (Type/Print)	011.	19b, MAI	ILING ADDRESS (Street	and Number or Rural	MAE BLA Route Number, City or R		D Code)					
ESTHER REDDING		2.	264 BRIG	HTSEA#1	01		MD. 2	0705				
20g, METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Re			ATE OF DISPOSITION /				City or Town,					
4 Donation 5 Other (Specify)		HARMON	Y MEM CE	METERY	4+1-92 I	ANDO	VER.	MD 207				
21. SIGNATURE OF FUNERAL SERVICE I		•	22. NAME A	ND ADDRESS OF	Bun JENKI	NS F	UNERA	L HOME				
Mully	( B)	iscoe	747	4 LANDO	VER RD,	LAND	OVER	MD 20				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
PART II. Other algnificant condition	ART II. Other algnificant conditions contributing to death but not resulting in the underlying					given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  VES 2 □ NO		24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \( \sqrt{N} \) ND				
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
EXAMINER? 1 XYES 2 NO	EXAMINER? HOSPITAL: OTHER:											
27. MANNER OF DEATH	28a. OATE O	F INJURY 28b	. TIME OF 28c. IN	JURY AT	28d. DESCRIBE HOW INJURY OCCUREO							
1 Netural 5 Pending	103-36	Day, Year) 0-1992 11	INJURY WORK?		PEDESTR	IAN STRUCK B		K BY A				
Suicide 8 Could not b	28e. PLACE OF INJURY At home, farm				28t. LOCATION (Street and Number or Rural Route Number,							
4 Homicide determined	tomicide determined						City or Town, State) RT • 450					
0000		f my knowledge, death oc examination and/or investi						nd manner as state				
290 SMATURE AND TITLE OF CERTIF	,			29c. LICENSE NU		29d. DATE SIGNED (Month, Day, Year)						
/ BIDA	12ko	and)										
HAME AND ADDRESS OF PERSON W	AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					O.C.M.E. 03-26-1992						
JLARON LOC	HE, MI	) 111		REET BA	TIMORE	MARY	IAND	21201				
31. DATE FILED (Month, Day, Year) MAR 3 1 10	32. REGISTA	hia Davidson-A										

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.
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. DECEDENT'S NAME (First, Middle, Last)		REG. NO.  2. DATE OF DEATH MONTH DAY				OF DEATH							
MARY ROBINSON								3/27/92			12.27AM		
579-01-6858	5. SEX	6. AGE (In yrs. last birthday) 77 YRS.		IF UNDER	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Pay, Ven) 8/1/1915		8. BIRTHPLACE (State or Foreign Country) South Carolin			
PRINCE GEORGE HOSP CENTER  RESIDENCE OF DECEMENT					96. CITY, TOWN OR LOCATION OF DEATH CHEVERLY PRINCE GEORG					E			
Oa. STATE 10b. COUNT	10b. COUNTY 10c.				erry, rown on location Cheverly							10d. INSIDE CITY LIMITS? 1 YES X NO	
00. STREET AND NUMBER 2900 Mercy I	2900 Mercy Lane					10f. ZIP CODE 20785					10g. CITIZEN OF WHAT COUNTRY? United State		
1. MARITAL STATUS  Weever Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES Y NO IF YES, OIVE WAR OR DATES							NIC ORIGIN? (Specify Yes or No—			14. RACE — American Indian, Sleck, White, atc. Specify: Black		
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 10th Grade	UCATION e completed) College (1-4 or 5	(G/vi) ge (1-4 or 5+)		EDENT'S USUAL OCCUPATION of work done during no NOT use retired.)		nost of working		16b. KIND OF SUSINESS/INDU		DUSTRY			
7. FATHER'S NAME (First, Middle, Last)			Domes	LIC	WO		Priva  NAME (First, Middle, Malden Surname)						
Mac Walke	er						nni	ie Spu	rgeor				
96. INFORMANT'S NAME (Type/Print)								Number, City or					
Mildred G. Sp.  98. METHOD OF DISPOSITION  A Burlel 2 Cremetton 3 Rem		come		3721 Warner Ct., Hyattsville, Maryland  ACEAND DATE   20c. LOCATION - City or Town, State									
1. SIGNATURE OF FUTERAL SERVICE	CENSEE V			00.1	-	ID ADDRESS O	EACH 17	v					
3. PART / Enter the diseases, or	complications the	ll lan	the deeth. Do r	4(	001	Benn:	ng	Rd.,	N.E.	Was		D.C.	
23. PART . Enter the diseases, or shock, or heert fellure.  MMEDIATE CAUSE (Finel lisease or condition esuiting in death)	s. Pr	elen	the deeth. Do not line.	4 (	001	Benn	ng	Rd.,	N.E.	Was	Ap		
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3. TIME OF DEATN

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14. RACE — American Indian, Black, Whita, etc.

Specify: White

1 - YES 2 NO

Arlington, VA

Approximata

Interval Betwe Onset and Death

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6. BIRTNPLACE (State or Foreign

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FOR STATE REGISTRAR

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280

31. DATE FILED (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last) MARGARET SCH SCHINDELE 2. DATE OF OEATN Margaret nae 4. SOCIAL SECURITY UMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 D 432-38-6989 3 9c. COUNTY OF DEATN Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF CEATN DIRECTOR 2212 Pine Street Edgewood RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Harford Edgewood FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2212 Pine Street 21040 as the burial-transit executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XINO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: BY 3 X Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Secretary US Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Leonard notified at Max Dohle Catherine 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James A. Genthner 4218 Kelway Rd., Baltimore, Md. pe 20a. METNOD OF DISPOSITION
1 St Burlet 2 Cremetton 3 Re
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE must of cemetary, cremstory or other piace) Arlington National Cemetery4medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on. or removal. Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each IMMEDIATE CAUSE (Finel I completely filled irial, cremation, c the disease or condition lena resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): senerali and com o burial, CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CO SECUENCE OF prior to If any, leading to immediate attending physician intal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events certificate other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 death has been signed by the atter Dept. of Health and Mental Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 TYES 2 NO PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State HOSPITAL: OTHER: 1 TES 2 NO ent 2 ER/Outpatient 3 DOA ing Home 5 Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigat 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is : 6 Could not be detarmined COMPLETED 4 Homicide IMPORTANT: If Item 29a. CERTIFIER

(Chank and )

CERTIFYING PNYSICIAN: To the beet of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the stigation, in my opinion, deeth occured at the time, data and place, and due to the cause(s) and manner as stated. 295. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 불분물 0

Jerusalem

'92 07

32. REGISTRAR'S SIGNATURE

Bandall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 29d. DATE SIGNED (Mighth, Day, Year, 192 OHMH-16 Rev 1/89

108

1. DECEDENT'S HAME (First, Middle, Last)

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	Daniel Barrel
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OB ATTENDING BUVCKIAN The law remittee that the death carifforns he secured within 2s some as
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		TE OF DEATH									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DA 9. MONTHS DAY'S HOURS MIN. 8. M. M. M. M. M. M. M. M. M. M. M. M. M.	TE OF BIRTH									
DIRECTOR	90. FACILITY NAME (N not institution, give street and number)  HAR FORD MEMORIA HOSAITH HAURE CLE, GRA  RESIDENCE OF DECEDENT	4ce									
_	106. STATE 106. COUNTY HARFORD 19C. CITY, TOWN OR LOCATION HAVRE DE GRACE										
FUNERAL	100. STREET AND HUMBER 415 S. MARKET STREET 21078										
8≺	11. MARITAL STATUS  1 Never literried 2 Married  1 Never literried 2 Married  1 Never literried 2 Married  1 Never literried 2 Married  1 Never literried 2 Never literried 2 Never literried 2 Never literried 2 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1 Never literried 1	GIN? (Specify Yes to Rican, etc.)									
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)  12  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOMEMAKER	6b. KIND OF BUSI									
BE CO	17. FATHER'S NAME (First, Middin, Lest)  SIMON BEATTIE  18. MOTHER'S HAME (First SUSIE	t, Middle, Meiden S HUGHE									
101		ROBERT B. SEEGER 1966. MAILING ADDRESS (Street and Number of Pairel Pouts No. 1861 CHURCH RD., BAL	mber, City or Town, TIMORE								
	1 C Squisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) SLATE KIDGE CEMETERY 4	7 DEL									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ARKINS F. H. INC.										
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as constant shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF)	erdiac or respir									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL CE	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  A. Fill, ASKD, CVA, DM, Rypolification	24a. WAS AN A PERFORM 1 YES 2									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO   1 YES 2 NO   26. PLACE OF DEATH (Check only the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro										
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ETED B	3 Suicide 8 Could not be 28e. PLACE OF IHJURY — At home, term, street, fectory, office 28t. LC	CATION (Street en ty or Town, State)									
COMPLE	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the control one)  MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data										
BE C	Time desired at the time, de										
ш	29b. SIGNATURE AHO TITLE OF CERRIFIER										

32/hagistam's signatura fundelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 12:20%. 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH 10d, INSIDE CITY LIMITS? 1 XES 2 HO 109. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. SpecMWHITE F BUSINESS/IHDUSTRY aiden Sumame) HES RE, MD., 21222 c. LOCATION -- City or Town, State ELTA, PA., 17314 DELTA, PA., 17314 respiratory erreat, Approximala Interval Between **Onset and Death** S AN AUTOPSY 246. WERE AUTOPSY FIHDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ES 2 PONO 1 TES 2 10 OW IHJURY OCCURED treet end Number or Rural Route Number, State) d manner as stated. ce, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Mogth, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last)  JOHN WILLE Sparks  2. DATE OF MONTH  4. SOCIAL SECURITY NUMBER  S. SEX  6. AGE (In VIZ. last birthday)  F UNDER 1 YEAR  1. DATE OF	DEATH DAY 9 YEAR 3. TIME OF DEATH 3. 45A
W PIONE IN 1 YEAR I IF UNDER 1 FEAR I IF UNDER 24 MMS. 1 /, UALE UT	BIRTH 8. BIRTHPLACE (State or Foreign
219-10-3255 12 M 2 F 85 YRS. MONTHS DAYS HOURS MIN. 7/23	/1906 N. Carolina
Harford Memorial Hospital Havre de Grace	- Narfors
Maryland Harford Darlington	10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 2517 Shuresville Road 21034	10g. CITIZEN OF WHAT COUNTRY? U.S.A.
11. MARITAL STATUS  1 Never Married 2 Merried 5 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEMBENT OF HISPANIC ORIGIN? (S If yes, specify Cuban, Mexican, Puerto Rica 1 YES 2 NO Specify:	Specify Yes or No—  14. RACE — American Indian, Black, White, etc.  Specify:  White
(Sive kind of work done during most of working	IND OF BUSINESS/INDUSTRY
Elementary/Secondary (0-12) College (1-4 or 5+) Farmer	Farming
17. FATHER'S NAME (First, Middle, Last)	dle, Melden Surneme)
Oscar J. Sparks Lida  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	Mayes
Mary Jane Sparks same as #10	ony or lown, State, 2p code)
20b. PLACE AND DATE OF DISPOSITION (Name of camelary, crematory, or other class) 4 Donation 8 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of camelary, crematory, or other class)  Baptist View Cem.	20c. LOCATION — City or Town, State
4 Donation 8 Dither (Specify) Bartist View Cem. 4/3  21. SIGNATURE OF FUNITIAL SERVICE LICENSEE	Forest Hill, Maryl
M. Hadden Kurtz Funeral Jarrettsville	
Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	
11	PERFORMED?  YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
26. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  OTHER:  OTHER:  OTHER:  OTHER:  OTHER:	
27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO	ibe how injury occured
3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office 26f. LOCATIO	ON (Street and Number or Rural Route Number, fown, State)
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, date and place, end due to the cause(some)  2 MEDICAL EXAMPLE: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and	
29b. SIGNATURE AND TITILE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER	29d. QAT SIGNES (Month, Day, Year)
	Belluno
31. DATE FILED (Month, Day, Har)  APR 06 '92  Geha Davidson-Randele	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 Thours after death. Page 6 may be retained by the burial-transit permit. Pages 1. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-002	nours after death. Page 6 may be retained by the hospital or attending phy	d in by the funeral director, page 5 should be detached for use as the burn or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremarian, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM	ENT OF HEA	LTH AND		HYGIENE BEG. NO.	6	10311		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF	GEATH	1 2	3. TIME OF DEATH				
	William	n Andrew	Sno	ow		3 MONTH	23 19	YEAR	8:14P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (1			UNDER 24 HRS.	7. DATE OF	BIRTH	BIRTNPI	ACE (State or Foreign		
	213-10-4041 9a. FACILITY NAME (If not institution, give str								yland		
TOR	Memorial Hospital Easton Tal										
DIRECTOR	10a. STATE 10b. COUNTY Maryland Card	olinė		wn or Location	MD 21	640	779		0d. INSIDE CITY LIMITS?  YES 2 NO		
	10e. STREET AND NUMBER			10f. ZIF	CODE		10g. CITIZI		AT COUNTRY?		
1.	Route I - Box 114A			2	640		U	S.A			
BY FUNCAAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FGRCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, specify	ENT OF HISPAI Cuban, Mexica NO Specif	n, Puerto Rice	pecify Yes or No 1 n, etc.)	Black,	- American Indian, White, etc. White		
ED	15. DECEDENT'S EDUCA		16a. DECEDENT'S USUA	AL OCCUPATION		16b. Kil	G OF BUSINESS/INDU	STRY			
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work d life. Do NOT use retir	red.)							
COMPLETED	12	4	Mechanical	Engine	er	Wes	tern Elect	ric			
8	17. FATHER'S NAME (First, Middle, Last)						le, Malden Surname)				
BE	Charles Sidney Sno	w, Sr.					eth Heble		ow		
TO E	19a. INFGRMANT'S NAME (Type/Print)						City or Town, State, Zip C		1		
	Geneviève V. Snow Route I - Box II4A - Henderson, MD 21640										
	20a. METHOD OF DISPOSITION  1X Burtal 2 Cremation 3 Remove		PLACE AND DATE OF DIS			DATE	20c. LOCATION — CH		, State		
	4   Denation 5   Other (Specify)   Parkwood Cemetery   3/26   Parkville, MD										
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Fleegle—Helfenbein, Fn. Hm P.O. Box 160 — Greensboro, MD 21639  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
CERTIFICATION	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions	contributing to death bu	it not resulting in the	e underlying ca	nderlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 NO				ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NG		
¥	25. WAS CASE REFERRED TO MEDICAL			28. PLACE	OF DEATH (Ch	ack only one)					
SIC		HOSPITAL: 1 Parpettent 2 - ER/Outpe		HER: Nursing Home 5			pecify)				
Ě	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY			BE NOW INJURY OCCU	RED			
BY	1 Netural 5 Pending 2 Accident Investigation	(month, Day, rear)	INJURY	M 1 VES	2 NO						
1	3 Suicide a Could not be determined	28a. PLACE OF INJURY building, etc. (Speci	At home, farm, street,	factory, office	117		IN (Street and Number or wri, State)	Rural Rou	te Number,		
COMPLETED		AN: To the best of my knowle Gn the basis of exemination							nd manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1		290	LICENSE NUI	IBER	29d. DATE S	IGNED (N	lonth, Day, Year)		
	W X	3		1	5247	69	1 3/	23	192		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Penn)	O Box	822	80	eston re	D	10215		
	31. DATE FILED (MONTE), Day, Hand St. REGISTRAR'S SIGNATURE Pandale										

11

s Sidney Snow, Sr.

nevieve V. Snow

Route 1

Parkwood L

FL

>

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	).			
1 6	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH	AY	S. TIME OF DEATH
	Jean Delori							992 9:30P M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year)	1	BIRTNPLACE (State or Foreign Country)
	578-52-2692	1 🗆 M 2 💢 F	53 YRS.	37-3		04 15 19	38	Wash., D.C.
~	9a. FACILITY NAME (If not institution, give				N OR LOCATION OF	DEATN	4.50	Y OF DEATH
DIRECTOR	DOCTORS COMMUNI	TY HOSPITAL		LANHAM			PRIN	NCE GEORGE'S
E E	10e. STATE 10b. COUNT	TY	10c, CIT	Y, TOWN OR LO	CATION			10d, INSIDE CITY
8	Maryland Pri	nce Georges		enarden				LIMITS?
	10e. STREET AND NUMBER	nee deerges	1 010	man men	10f. ZIP CODE		100 CITIZE	1 X YES 2 NO
FUNERAL	1527 7th Street				20706			EN OF WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D		ANIC ORIGIN? (Specify Ye	USA	A DACE American Indian
	1 Never Married 2 Married	FORCES? 1 YE	S 2 XNO	If yes,	specify Cuban, Max ES 2 X NO Spe	can, Puerto Rican, etc.)	0.10-	4. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced		DAI EG	'''	ES 2 (ANO Spe	cary:		Specify: Black
	15. DECEDENT'S ED (Specify only highest grad	UCATION (e completed)	16a. DECEDENT'S	USUAL OCCUPA		16b. KIND OF BU	SINESS/INDU	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	most or working			
₹	12th grade		Manag	er		Priv	ate	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S	NAME (First, Middle, Melden	Sumame)	
BE	Leslie Smith					Williams		
2	19a. INFORMANT'S NAME (Type/Print)					al Route Number, City or Tow		code)
	Joleeta William		1527	7th St	reet Gle	enarden, MD	2070	6
	20a. METHOO OF DISPOSITION 1 Burial 2 X Cremation 3 Ref	noval from State	Ob. PLACE AND DATE	OF DISPOSITION	Name of	DATE 20c. LC	CATION CH	ty or Town, Stata
	4 Donation 5 Other (Specify)		Suburban	Cremato	ory (	3 28 Si	ver Sp	ring, MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE A		22. NAME	AND ADORESS OF	FACILITY J.B.JE	VKINS	FUNERAL HOME
	squiwerry	Cous	cre			er Rd. Land		
	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do r	not enter the r	node of dying, se	ich as cardiac or read	ratory arres	Md 20785
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one seuse on	each line.	,		/ .	/	Interval Between
- 1	disease or condition	( node	Auch	me	12	Vall	ur	Onset and Death
	resulting in death)	QUE TO (OR AS	A CONSEQUENCE OF	1 /	7	1	11	1 1
z		Masse	we 1	ndle	dearb	1	460	1 24h
8	Sequentially list conditions, if any, leading to immediate	DUG TO (08 AS	A CONSEQUENCE OF	7:	1		-6-6-6	1000
CERTIFICATION	CAUSE (Disease or Injury	· H16	16	100	un			Your
# 1	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	7:				
E		d						
	PART II. Other significant condition	ns contributing to death	but not resulting I	n the underly	ing cause given i	n Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL			- Constitution	WINDSHEET STREET		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
8						1 0 YES 3	KNO.	OF DEATH?
2								1 ARR 5 WO
₹	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (S	Shareh mark mark		
BY PHYSICIAN:	1 YES 2 NO	HOSPITAL:	tostinot 3 [] DOA	OTHER:				
£	IT. MANHER OF DEATH	26s. DAYE OF INJURY	28b. TIM	OF   28c. 1	NJURY AT	8 C Other (Specify) 284. DESCRIBE HOW I	NURY OCCU	nen
2	* Pending   S Pending   Provestigation	(Month, Day, War)	DIJ	URY	YES 2 NO	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Santi Goda	11.5
	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJUR	Y — At hume, farm, a			281. LOCATION (Street )	and Number or	Book Books Monther
Ĕ	4 Momicide determined	building, etc. (Sp.	ecity)	HOUSE TO THE PARTY		City or Town, Status	nio monada de	resear research
COMPLETED	290. CERTIFIER CERTIFYING PAYS	NCIAN: To the heat of my heat						
F 1	(Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of my kno	on and/or investigation	o in my	te and place, and de	ie to the cause(s) and mar	ner as stated.	cause(s) and manner as stated.
8	7811		on and an invasing end	n, we triy someon	death occurse at th	e time, data and place, an	d due to the d	cause(a) and manner so stated.
H	206. SIGNATURE AND TITLE OF CERTIFIE	8 8/11	Solon	M	29c. LICENSE N	JMBER	29d. DATE S	IGNED (Month, Day, Year)
2	Then	9000	Local 1.	4	1101	8/6	)	-20-75
	30. NAME AND ADDRESS OF PERSON WI	and a			· m	/ 2 -	7120	
		WE KARO	=, LA.	J 000	ER M	d do	183	
	31. DATE FILED (Month, Day, Year)	Sulin Saines	mature gandale					
	MAR 31 1992	A was true (NO						





FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 DECEDENT'S NAME (First Middle I as		CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)  RALPH  N. SMALL Jr.								MONTH DAY YEAR			3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday		1 YEAR	IF UNDER	24 HBS		OF BIRTH		100	5:20 HPLACE (State or Fore
	579-07-4376	'1 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)		Count	77)	
	9a. FACILITY NAME (If not institution, give			0.000					10,1			hington,
œ			96. CITY	, TOWN O	R LOCATIO	N OF DE	ATH		9c, COU	NTY OF C	DEATH	
5	PRINCE GEORGE'S	HOSPITAL CEN	ITER	C	HEVE	RLY				PRI	NCE	GEORGE'S
DIRECTOR	10s. STATE 10b. COUN			ITY, TOWN O	OR LOCAT	ION					-	10d. INSIDE CITY
5	Maryland (	Calvert		Ow	ings							LIMITS?
	10e. STREET AND NUMBER			10f. ZIP CODE						I 100 CITI	IZEN OF I	WHAT COUNTRY?
8	1039 Bayfront A	Avenue P. O.	Box 490				20736	5			U.S	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	FR IN U.S. ARMED	13.	WAS DECI	ENDENT OF	HISPAN	IC ORIGIN	? (Specify Yes	or No I	14 PAC	E American Indian
	1 Never Married 2 Married	FORCES? 1 X Y	ES 2 NO		If yes, spe	24 NO	, Mexicar	, Puerto F	lican, atc.)			E — American Indian k, Whita, etc.
ВУ	3 Wildowed 4 Divorced				2-(3) 200	Specify.				Spec	asian	
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION to complete ()	16a. OECEDENT	S USUAL O	CCUPATIO	N .		16b.	KINO OF BU			dibited:
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Itte. Do NOT	kind of work done during most of working NOT use retired.)								
MP	12th	N/A	Superv	7isor					C&P I	elepl	hone	Co.
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTH			fiddia, Maiden			
ш	Ralph N. Smal					Bei	rnice	e Dray				
9 0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AODRESS	(Street ar	nd Number	or Rural R	loute Numb	er, City or Tow	n, State, Zip	Code)	
2	Catherine Small			ne as								
	20a, METHOD OF DISPOSITION	20b. PLACE AND DATE	E OF OISPOS	ITION (Nar	me of		OATE	20c. LO	CATION -	City or To	rwn, State	
	1 N Buriel 2 Cremetion 3 Res 4 Donation 6 Other (Specify)	moval from State	cemetery, cremetory or		mat	0.300	Α .	2 92			-	
	21. SIGNATURE OF PUNEAU SERVICE LICENSEE  Codar Hill Cemetery 4 2 92 Suitland, Marylan 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc											
	6633 Old Alexander Ferry Rd Clinton, M											
	23. PART 1. Enter the diseases, or	11.4/		66	33 (	ora E	теха	andei	Ferr	y Ra	CTT	nton, Maz
	immediate Cause (Finel disease or condition resulting in death)	Cente	Keur	ta	leve	6						Onset and E
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	c.	RULLI US A CONSEQUENCE ( US A CONSEQUENCE (	Tay	late							
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c.		Tay	lete	8						Onset and E
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DESC  City o	PERFOR  1 YES 2  (Specify)  CRIBE HOW II  TION (Street a r Town, State)	NJURY OCC	or Rural R	Onset and E  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)	HOSPITAL: 1   Inpetient 2   ER/O  28e. DATE OF INJUE (Month, Dey, Yea  28e. PLACE OF INJUE building, atc. (S)	Dutpatient 3 DOA RY 28b. Till Noviedge, death occur ation end/or investigat	OTHER 4 Num ME OF JUJURY M street, factor	28. PLA i: ing Home 28c. IRNA WOR 1  Ye ory, office	ACE OF DE	ATH (Check didence of NO no no due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to due to	Ck only one  G Other  28d. DESC  City o	PERFOR  1 YES 2  (Specify)  CRIBE HOW II  TION (Street a r Town, State)	NJURY OCC	or Rural R	Onset and E  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle  / Uncle

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9	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,
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BALTIMORE, MARYLAND 21203-3146	or atten	r use at
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the attending physician and completely filled in by the tuneral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR  1. OECEOENT'S NAME (First, Middle, Les			ICATE OF	DEATH	REG. NO		3. TIME OF DEATN
Robert Wa	ade T	homas			4 3	9 2	
4. SOCIAL SECURITY NUMBER N/A	5. SEX 1 X M 2 F	S. AGE (In yrs. last birthday) YRS.	MONTHS DAYS HOURS			6. Bi	IRTHPLACE (State or Foreign ountry)
	Hospital		9ь. СІТУ, ТОЖН East	OR LOCATION OF DI	EATH	Talb	OF DEATH
MD Care			ry, town on Local		30		10d. INSIDE CITY LIMITS?  1X YES 2 NO
100. STREET AND NUMBER Rt. 1 Box 375	oline SA	рте		1. ZIP CODE 2163		11000	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced		EVER IN U.S. ARMED VES 2 NO R OR OATES	If yes, s	CENDENT OF HISPAI becify Cuben, Mexica S 2 XNO Specif	e or No— 14. F	14. RACE — American Indian, Black, White, atc.	
15. OECEDENT'S E (Specify only highest on Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT u	B USUAL OCCUPAT work done during m see retired.)	ON ost of working	18b. KIND OF BU	ISINESS/INDUSTR	PY.
17. FATHER'S NAME (First, Middle, Last)	d Thomas				ME (First, Middle, Maider Lynette Ti		homas
Robert Edward  190. INFORMANT'S NAME (Type/Print)  Robert E. Tho				and Number or Rural	Route Number, City or Ton	vn, State, Zip Code	
20e. METHOD OF OISPOSITION 1 Suriel 2 Cremation 3 R		20b. PLACE OF OISPO other place)			20c. L0	OCATION — City of	
4 ☐ Donetion 5 ☐ Other (Specify)	LICENSEE  ( Ite	Greensbor	22. NAME A	NO ADDRESS OF FA	CILITY	eensbor	ro, MD 2163 ne, FnHm ro, MD 21639
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.	OR AS A CONSEQUENCE OF		heart.	syndio	ne	7day
PART II. Other aignificant condit	lona contributing to d	leeth but not resulting	in the underlyi	ng csuse given in		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. I	PLACE OF DEATH (CI	neck only one)		
1 VES 2 () XNO  27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF I (Month, Day		4 Nursing Ho ME OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED
2 Accident Investigation 3 Suicide 6 Could not determined	be 28e. PLACE OF building, e	INJURY — At home, term, tc. (Specify)	street, factory, off	CO CO	281. LOCATION (Street City or Town, State		ural Route Number,
one)		ny knowledge, death occur imination and/or investigat					use(s) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIF	M. Engs	etion, M	.0.	29c. LICENSE NU D 411		29d, DATE SIG	aper 1992
				Ea	ston, 1	Md. a	21601
31. DATE FILED (Month, Day, Year)  ADD = 9 '92	Ficha Dav	Ave 502 is signature idson-Randass					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach he filled within 72 hours after death with the State Bert of Heath and Mental Hotilete ninch thinks command on removal	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ATT	SECTION AND AND AND AND AND AND AND AND AND AN	E 2
IL OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formaling the filed within 72 hours after death with the State Dent of Health and Mental Hydiene prior to burial commanden or emman	ite
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	nedio InAn			ENTIFI	CAIL	DEATH		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, JOSEPH						2. DATE OF DEATH MONTH 0 4 9 XEAR			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		RANK		TUR						6:10рм
100	213-14-1079	5. SEX 1 ⊠ M 2 □ F	6. AGE (In yrs. In	7 1 YRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, pay, Well) 10/15/20			BIRTHPLACE (State or Foreign Country)     Maryland	
-	Se. FACILITY NAME (If not institution,				9b. CITY, TOWI	OR LOCATION OF D	_		9c. COUP	TY OF DE	ATH
בוסו	Memoria		al		Ea	ston			Та	1bo	t
3	10a. STATE 10b. Co	OUNTY		10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY
OINE.	Maryland	Caroline	_ 1	Fe	deral	sburg					LIMITS?
ביישו	506 Academy	Avenue				or. ZIP CODE 216	32			S.A	HAT COUNTRY?
DI FUNENAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	MR OR DATES	RMED NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 23 NO Speci	an, Puerto Ric	(Specify Yes an, etc.)	or No—		- American Indian, White, atc.
3	15. DECEDENT'S (Specify only highest		16a. D	ECEDENT'S U	SUAL OCCUPA	TION nost of working	16b. K	IND OF BUS	INESS/IND	USTRY	
COMPLETIES	Elementary/Secondary (0-12) 12th	College (1-4 or 5	•)	Brick	Maso	n	В	rick	Con	str	uction
	17. FATHER'S NAME (First, Middle, Les C. Homer Tu	7				18. MOTHER'S NA	ME (First, Micie Sh		Sumame)		
2	19a. INFORMANT'S NAME (Type/Print)		11	b. MAILINO A	DDRESS (Stree	end Number or Rural	Route Number	City or Town	n, State, Zip	Code)	
	Thelma B. H	unt		06 A	cadem	y Ave.,	Fede	rals	burg	, M	D 21632
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3  4 Donation 5 Other (Specify)		certetery, cu	and date of	er place) est C	Name of emetery	4-8		eral		rn, State
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE						c-Fc	kow	Fun	eral Home
	> Muhals	L. Edocas			PO	Bx 43, 1	Feder	alsb	urg,	MD	21632
									2 years 2 days 10 days		
	PART II. Other significant cond A trial Bonian	flutte	death but not		the underly			4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:				PLACE OF DEATH (C/	neck only one)				
	1 TYES 2 NO	1 A Inpatient 2	ER/Outpatient		OTHER:	me 5 - Residence	8 Other (	Specify)			
	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investiga	28e. DATE OF (Month, D		28b. TIME INJUI	RY V	JURY AT /ORK? YES 2 NO	26d. DESCI	NOW 3815	JURY OCC	CURED	
	3 Suicide 8 Could no	20e. PLACE O	F INJURY — At he etc. (Specify)	ome, farm, str	eet, factory, of	ice	28f. LOCAT City or	ION (Street e Town, Stete)	nd Number	or Rural Ro	oute Number,
		PNYSICIAN: To the best of a									
	29b. SIGNATURE AND AUTLE OF CER		camination ond/or	investigation,	in my opinion,			od place, end			
	McJRayas	ngh				29c. LICENSE NU D 4/7			≥ 4	SIGNED 6	(Month, Day, Year)
	30, NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUS	SE OF DEATN (ITE	M 27) (Type, F	rint)						
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	Bando 0	2_						

15.00. 50

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

- STATE REGISTRAR	100		С			F DEATH	_	REG. NO.	-			
1. DECEDENT'S NAME (First, EVERETT KEN							2. DATE O	DA	Y YEA	AR .	TIME OF DEAT	
4. SOCIAL SECURITY NUMBER		5, SEX	6. AGE (In yrs. is	net hirthrims	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE 0	02 E BJETH			3:05 ACE (State or Fo	A 1
223-60-6992		1 <b>X</b> XM 2 □ F	46	YRS.	MONTHS DA		(Month,	Day, Year)		ountry)	VIRGINI	
9a. FACILITY NAME (If not in			40		9b. CITY, TOV	VN OR LOCATION OF		1/45	9c. COUNTY C			IA
14610 A OLD		DRIVE				R SPRING			MONTG	OME	RY	
IOO. STATE	10b. COUNT				Y, TOWN OR LO					10	Od. INSIDE CITY	,
MARYLAND	MONTO	GOMERY		SIL	VER SP	RING				1	YES 30	NO
00. STREET AND NUMBER 14610 A OLD	LYME	DRIVE				20904			USA	OF WH	AT COUNTRY?	
11. MARITAL STATUS  1 Never Married XXX  3 Widowed 4 Divo		FORCES?	NT.EYER IN U.S. A XXYES 2 A MAR OR DATES	NO	13. WAS If yes	DECENDENT OF HISP I, specify Cuban, Mexi YES NO Specify	PANIC ORIOIN? Ican, Puerto Ri city:	(Specify Yes cen, atc.)		RACE - Black, \ Specify:	- American India White, etc.	
15. DEC	EDENT'S EDU	ICATION	VIETN		USUAL OCCUP	PATION	165	KIND OF BUILD	INESS/INDUSTR	ov.	WHIT	E
	y highest grad		+)		work done during se retired.)	g most of worlding			MPLOYEI			
JAMES E. TU						18. MOTHER'S I		iddle, Malden :	Surname)		1	
PATRICIA TU						eet and Number or Run			PRING,		20904	1
METHOD OF DISPOSIT	ION 2 Page	nound from Ctate	20b. PLACE	E OF DISPO	SITION (Name o	f cemetery, crematory o	W	20c. LO	CATION City	or Town	, State	
□ Donation 6 □ Other		novaii irom Stata	CHELT	ENHAM	VETER	ANS CEMET	ERY	CHE	LTENHA	M, 1	MARYLAN	1D
1. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			FLE	CK FUNEAL  SANDY S	. HOME,		ΔΠΡΕΙ	MD	20707	,
23. PART I. Enter the d											Approxim	ate
IMMEDIATE CAUSE (FI		List only one ca									Onset and	
disease or condition resulting in death)	$\rightarrow$				cane	e-					2 m	0
		DUE II	OR AS A CONS	EQUENCE O	F):							
Sequentially list condit		b	OR AS A CONS	EOUENCE O	F):						<del> </del>	
If any, leading to imme ceuse. Enter UNDERLY	ING										1	
CAUSE (Disease or inju that initiated aventa		DUE TO	OR AS A CONS	EOUENCE O	PF):						1	
resulting in death) LAS	T L	d										
PART II. Other algolitics	ent conditio	ne contributing to	death but not	regulting	in the under	tylna cause alven	In Part I	24a. WAS AN	ALITODRY	246 4	VERE AUTOPSY F	TANDANO!
Hepetie		_ ,						PERFOR	MED?	A	MAILABLE PRIOR	TO
Nymor	7000	77 - 10	7-0			2000		1 TYES 2	□ NO	C	F DEATH?	
										1	YES 2	NO
5. WAS CASE REFERRED T	O MEDICAL				2	8. PLACE OF DEATN (	Check only one			_		_
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	N/	e 8 🗆 Other					
7. MANNER OF DEATH		26e. DATE O	FINJURY	28b. TH	AE OF 28c	. INJURY AT	1		NJURY OCCURE	D		
	Pending Investigation	(Month,	Day, Year)	IN.	M 1	WORK?						
2 Accident 3 Suicide	Could not be	28e. PLACE	OF INJURY — At I	home, farm,	street, factory,	office	201. LOCA	TION (Street a	and Number or R	ural Roo	ute Number,	
4 Homicide	determined	building	, etc. (Specify)				City o	r Town, State)				
cond only						data and place, and d				use(s) :	and manner as s	stated.
OF BIGHATURE AND TITLE						29c, MQENSE N					Worth, Day, Year)	
One	4 2	450	2	0			832	-	<b>&gt;</b> 3	A	n92	
30. NAME AND ADDRESS O	F PERSON W	NO COMPLETED CA	JSE OF DEATH (IT	EM 27) (Type	n, Print)					11/1	612	
1. DATE FILED (Month, Day,	Year)	32. REGIST	AR'S SIGNATURE	30	1 00							
ADD	0 3 19	197 4	Lia Davids	on-Han	اصعاد							

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical azaminar must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



1 - STATE REGISTRAR		SIAIE UF N		ERTIF	ICATE OF	DEATH	א עאו H	REG. NO.	E .			
1. DECEDENT'S NAME (Firs	t, Middle, Last)							2. DATE OF DEATN		3.	TIME OF DEATH	V
LEROY E.	WARNER	R					- 1	<b>64</b> 01	92	AR	12:40	Рм
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24		7. DATE OF BIRTH	8.	BIRTNPL/	ACE (State or Fon	olgn
214-16-7164		1 <b>X X</b> M 2 □ F	71	YRS.	MONTHS DAYS	HOURS	MIN.	08/16/20	N	IARYI	LAND	
9a. FACILITY NAME (If not it	nstitution, give	street and number)			9b. CITY, TOWN	OR LOCATION	OF DE		9c. COUNTY	OF DEAT	гн	
9380 NORTH	LAUREI	L ROAD			LAUREI				HOWAR	CD		
RESIDENCE OF DE												
MARY LAND	HOWAI			10c. CITY, TOWN OR LOCATION  LAUREL					10	LIMITS?	мо	
10e. STREET AND NUMBER					10	I. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?	
9380 NORTH	LAUREI	L ROAD				20707	,		USA	1		
11. MARITAL STATUS  1 Never Married 2   Widowed 4 Div	] Married orced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR X YES 2 1 MA OR DATES WW I I		13. WAS DE If yes, a 1 TYES	CENDENT OF pecify Cuben, S 2 M NO	NISPAN Mexicer Specify	IC ORIGIN? (Specify Yes 7, Puerto Rican, etc.)	or No- 14.	RACE — Black, W Specify:	American India/	
	CEOENT'S EDI		16s. DE	CEDENT'S	USUAL OCCUPATI	ION out of working		16b. KIND OF BUS	INESS/INDUST	TRY		
Elementary/Secondary (		College (1-4 or 5	ille.	Do NOT u	work done during m se retired.)	out or working						
12		0	MET	ALSM	ITH			GOVERNME	NT			
17. FATNER'S NAME (First, A						18. MOTNE	R'S NAI	ME (First, Middle, Maiden S	Surname)			
ELMER R. WA	RNER					BLAN	CHE	V. MERSON	WARNE	R		
MAUREEN P.		RLE			OLD SCA			ROAD LAUR	EL. MD		0723	
20a. METHODYOY DISPOSIT			20b. PLACE	OF DISPO	SITION (Name of co				CATION — City			
1 ☐ Burial 2 ☐ Cremeti 4 ☐ Donation 6 ☐ Othe		moval from State	BALTIM		WASHING	TON CR	FMA	TORY LAIL	REL, M	ARYI	AND	
21. SIGNATURE OF FUNER	AL SERVICE A	CENSEE	//		22. NAME A	ND AODRESS	OF FAC	CILITY				
1	000	L. March	101					HOME, INC		140	00707	
23. PART I Enter the	The same	Julian	COU					RING RD L			20707 Approxima	_
shock, or i IMMEDIATE CAUSE (FI disease or condition resulting in death)		a. DUE TO	CPA A CONSE	OUENCE O	PF):	to	en	und 2	Engl 81	eg	Interval Bs Onset and	
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LAS	ediete riNG ury	c	(OR AS A CONSE							_0_		
PART II. Other signific	ent conditio	one contribution to	death but not	regulting	In the underful	an neuron ob	uon In	Don't I Day Made AN	ALITOROV	I ash w	ERE AUTOPSY FIR	WO MADO
Emple Chan		ema	sges?	( or	o Hes	est.	Ja	Part I. 24e. WAS AN. PERFOR	MED?	CC	ERE AUTOPSY FINALABLE PRIOR 1 OMPLETION OF CA F DEATH?  YES 2 N	TO AUSE
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL		0			LACE OF DE	ATN (Chi	ack only one)				
1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	me 5 Alesi	idence	6 Other (Specify)				
27. MANNER OF DEATH	Pending	28a, DATE OF (Month), (		28b. TIN	W Kent	JURY AT ORK? YES VE	Ab	28d. DESCRIBE HOW II	UNIV OCCUR	EO		
2 Paccident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE C	FINJURY — At he	ome, farm,	atreet, factory, offi	ce	7	28f. LOCATION (Street a City or Town, State)	and Number or	Rural Rou	te Number,	
anal oliny	1							to the cause(s) and man		9use(9) B	nd manner as st	ated.
29b. SIGNATURE AND DITL	E OF CERTIFIE	Lamo	m	2		29c. YCEN	SE NUN	4827	29d. DATE S	GNED IM	forth, Day, Year)	-
30. NAME AND ADDRESS O	PERSON W	NO COMPLETED CAU	SE OF GEATH (ITE	M 27) (Type	2015	fo	20	9 L	ener	0	UL	
31. DATE FILED (Month, Day	Year)	52. RECESTRA	ARIS GENERALINE	70 .	M	4				20	124	

DNMH-16 Rev 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Wallace 03 Sheldon 2350 SHELDON WALLACE 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 68 1 M 2 F DAYS 006-14-9647 3-20-24 MAINE 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY IMITS? 1XXYES 2 NO HAWII **OAHU** WAHIAWA FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 135 DOLE ROAD 96786 use as the burial-transit USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X X YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuban, Maxican, Puerlo Rican, atc.)

1 □ YES AN NO Specify: 14. RACE — American Indian, Black, White, atc. 21215-0020 1 Never Married 2 Married OR DATES IF YES, GIVE WAR BY XX Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) jo Elementary/Secondary (0-12) College (1-4 pr 5 +) MARYLAND 12 detached PROCRUMENT OFFICER U.S. GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname, the should be d JAMES GORDON WALLACE To **ELLEN WALLACE** BE notified : funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CAROL HARPER 3016 O'HARA PLACE OLNEY, MARYLAND 20832 2 20a. METHOD OF DISPOSITION
1 Burlel 2 A Acremation 3 Removal from State Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must BALTIMURE-WASHINGTON CREMATORY 4 Donation 5 Other (Specify) LAUREL, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. dallo filled in by the fillion, or removal. 7601 SANDY SPRING ROAD LAUREL, MD 20707 medical 23. PART I Enter the diseases, or complications had caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or haert failure. Ligt only one cause of each line. Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition ysician and completely prior to burial, crematic event. reaulting in death) 68760, executed traumatic CERTIFICATION was Sequentially list conditions, if any, leading to immediate the attending physician I Mental Hygiene prior to OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events theros dero se Injury, or other O resulting in death) LAST post coronary RECORDS. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. c has been signed by the Dept. of Health and M MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 DINO OF DEATH? 1 TYES 2 NO PHYSICIAN: DIVISION OF VITAL s certificate he h the State De , or item ? 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 Dipetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? is marked, 28d, DESCRIBE HOW INJURY OCCUPED this c 1 Netural 5 Pending Investigation 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 3 Suicide 6 Could not be determined DIRECTOR: A hours after d Item 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide MPORTANT: If Item 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL ( HOSPITAL 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion ed at the time, data and place, and due to the cause(a) and manner as stated THE H 29b. SIGNATURE AND TITLE OF CENTIFIED 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) > 3/3//92 2 2 3 2 LETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 1706 D.C. 20009 31. DATE FILEO (Month, Day, Year) APR 0 3 1992

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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physiciar	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.	3 4	10925
1	1. DECEDENT'S NAME (First, Middle, La	JONATHAN LEE	WILSON			2. DATE OF DEATH MONTH DAY MAR 26 1		3. TIME OF OEATH 7:30 P M
	4. SOCIAL SECURITY NUMBER  406-12-1743  9a. FACILITY NAME (If not institution, gi	1 D M 2 D F 68	YRS. MO	UNDER 1 YEAR NTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year)  APR 23 19	THPLACE (State or Foreign intry) ENTUCKY DEATH	
TOR	NATIONAL NAVA	L MEDICAL CENT	TER	BE'	THESDA			GOMERY
DIRECTOR	10a. STATE 10b. COU		7	DWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 11008 WINSFORD	AVENUE		10f.	ZIP CODE 2077'2		-	F WHAT COUNTRY? TED STATES
₩	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (X) YES IF YES, GIVE WAR OR DO	2 NO	If yes, spe		NIC ORIGIN? (Specify Yes on, Puerto Rican, atc.)	Ble	CE — American Indian, ack, White, atc.
COMPLETED	15. DECEDENT'S I (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos tired.)	N t of working	166. KIND OF BUSH		WILLE
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden Sc	,	
BE	SIM WILSON  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street ar		ARET ELIZAB		rry
2	TERESA B. WILSO		110	08 WINS	SFORD AV	ENUE, LARGO		0772
	20a. METHOO OF DISPOSITION  1 (X Burial 2 Cremation 3   #  4 Donation 5 Other (Specify)	lamoval from State Cem	PLACE AND DATE OF D	isposition(Nai place) ationa	_{neo} L Cemete	ry 3/31/92	Arlingt	Town, Stata
	SIGNATURE OF FUNERAL SERVICE	Lyuban		7. 3	E. Wilh	43		tland Rd. , MD. 20746
	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List dhily one ceuse on e	MII.TIPI CONSEQUENCE OF):			h ss cardiac or respira	itory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated sventa resulting in daath) LAST	leading to immediate Enter UNDERLYING (Disease or Injury tlated events  DUE TO (OR AS A CONSEQUENCE OF):						
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PHYSICIAN: MEDICAL	PART II. Other significant condi	ions contributing to death b	ut not reaulting in t	he underlying	cause given in	Part I. 24e. WAS AN AI PERFORM  1 YES 2X	ED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Ch	eck only one)		
BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Tippetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year)		Nursing Home F 28c. INJU WOI	IRY AT	6 Other (Specify) 28d. DESCRIBE HOW INJ	JURY OCCURED	
	3 Suicide 6 Could not 4 Homicide determined		— At home, farm, atree	t, factory, office		28f. LOCATION (Street and City or Town, State)	d Number or Rura	Il Route Number,
COMPLETED		IYSICIAN: To the best of my knowl IINER: On the bests of examination						e(e) and manner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTI	-10 Jellon	M.	12	29c. LICENSE NUI 61191			ED (Month, Day, Year) AR 27 1992
		, LT, MC, USNR				L NAVAL MED A, MD 20889		ENTER
	MAR 30 1	992 32. REGISTRAR'S SIDM	Huson-Rande	æ				



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1. DECEDENT'S NAME (First, Middle, Lest)	het [			<b>4</b> lfred ∃	B. Wilker	Son 3		-7 -7	YEAR 92	3. TIME OF DEATH
578-20-5076	6. SEX	6. AGE (In yrs. Ia	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Feb.	Day, Year)	-	Wash	ington, D
Lot 105 Box 242	et and number)			Newbu	or location of di	EATH			nty of D	PEATH
loo. STATE 10b. COUNTY Charles	es			ry, town on Loc ewburg	ATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
Lot 105 Box 242				-1	01. ZIP CODE 20664			10g. CIT	U.S.	what country? . A.
11. MARITAL STATUS  1 Nover Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W WW 11	YES 2 AR OR DATES		If yes, s	CENDENT OF HISPAI pecify Cuben, Mexics S 2XXNO Specif	in, Puerto R		e or No—	14. RACI Blac Spec	E — American Indien, k, White, etc. #/y: White
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17. FATHER'S NAME (First, Middle, Last)			oo me	0001 1101	16. MOTHER'S NA	ME (First, A	liddle, Malder	Surname)		
Alfred B. Wilkers	son				Cora	Rawli	ngs			
19e. INFORMANT'S NAME (Type/Print)		,	9b. MAILING	ADDRESS (Street	end Number or Rural			vn, State, Zi	p Code)	
Edna R. Morris		4	644 I	Lamar Av	e. Suitla	and,	MD. 2	0746		
20e. METHOD OF DISPOSITION 1X) Puriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	val from State			e or disposition or other place)  Cemete		3/30/	92 Su	ocation — itlar		
AT THOMATURE OF FUNERAL SERVICE LICE										
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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mrs after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner r
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within	npletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rent,
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1 - STATE REGISTRAR	OWNE OF MAN		CATE OF DEATH	REG. NO.	.0761				
1. OECEDENT'S NAME (First, Middle, L	ast)		ONLE OF BEATT	2. DATE OF DEATH	3. TIME OF OEATH				
DORIS	BLACK	W	AD15	MONTH DAY	YEAR 12 201				
4. SOCIAL SECURITY NUMBER	5. SEX 8. A	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	A BISTURE ACE (State or Engine				
228-14-3011	1 M 2 BF		NONTHS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country) Page Country				
90. FACILITY NAME (I not institution, g	the street and number)		21 OUT 1 TOWN 1 TO 1 TO 1 TO 1	7 19 0	Virginia				
	- 11	160	9b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF DEATH				
RESIDENCE OF DECEDENT	LLE /16	(E (3/6)	COCKVILU	13	MIN NICOMOTIC				
RESIDENCE OF DECEDENT 10a. STATE 10b. COI	UNTY	10c, CITY.	TOWN OR LOCATION						
E MIN MIN	1) TO DUE	TIII R			10d, INSIDE CITY LIMITS?				
	10 10 014 0	17 /	OCRVILLE	_	1 TES 2 NO				
5 1 . 1 . 18		1-11	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
10/10can		CC (314	1 20	552	United States				
11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVI	ER IN U.S. ARMED YES 2 X NO	13. WAS DECENOENT OF HISP If yes, specify Cuban, Mexi-	ANIC ORIGIN? (Specify Yee or	r No — 14. RACE — American Indian, Black, White, stc.				
3 Wildowed 4 Divorced	IF YES, GIVE WAR O		1 TYES 2 X NO Spec		Specify:				
					White				
ID. DECEDENT'S	EDUCATION  rade completed	16e. OECEDENT'S U (Give kind of wo	rk done during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)						
12		Office	Manager	Private					
Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S N	AME (First, Middle, Maiden Su	meme)				
James M. Black			Ruth R	yan					
190. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street and Number or Rura		State, Zip Code)				
ERIC MEADE WADE	(Son)		eneca Road, German		orang dip doday				
20e, METHOD OF DISPOSITION		20b. PLACE AND DATE OF							
1 X Burtel 2 Cremetion 3 F 4 Donation 5 Other (Specify)	lemoval from State	cemetery, crematory or other	ar place)	0/4/	TION — City or Town, State				
21. SIGNATURE OF FUNERAL SERVICE	FLICENSEE	Evergreen Ce			y, Virginia				
	#M00690		22. NAME AND ADDRESS OF F Bradley Funeral	Home					
Nouroud	16 Carre	*^^	Luray, Virginia	Tiomo					
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury								
	d								
PART II. Other algoliticant condition	lons contributing to deat	h but not resulting in	the underlying ceuse given in	Part I. 24a. WAS AN AU PERFORME	D? AMILABLE PRIOR TO				
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH O	heck only one)	1,112,110				
EXAMINER?  YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/C		OTHER:  Nursing Home 5 Diffeeldence						
27. MANNED OF DEATH	28e. DATE OF INJUI	RY JBb. TIME (	28c. INJURY AT	28d. DESCRIBE HOW INJU	JRY OCCURED				
1 Natural 5 Pending	(Month, Oay, Yes	92	WORK?	CHIAR	=> 0=11.				
2 Accident Investigation 3 Suicide & Could acc	200 DI ACE OF MIN	URY - At home. Issue	eet, fectory, office	201 10017001	- WAT ITOM				
4 Homicide determined	building, etc. (5	Specify)	1115.	City or Town, State)	Number or Rural Route Number,				
29e, CERTIFIER		1/ 0		4	-/0				
(Check only   CERTIFYING PH	INER: On the basis of examination	nowledge, death occurred atlon end/or investigation,	at the time, date end place, and du in my opinion, death occured at th	e to the cause(e) end manner time, data and place, end d	r ee stated, ive to the couse(e) and manner as stated.				
III 295 SIGNATURE AND PUT LAR CERTS		7	0						
- All I	12/11	1111	29c. LICENSE NU	MDER 21	9d. DATE SIGNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON		111/	0070	14	22372				
ADDRESS OF PERSON	THE COMPLETED CAUSE OF	UEATH-(ITEM 27) (Type, Pr	rint) ₄		× a la				
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IRANUES (	MAYLE	(200	Wisconsin	fless D	ETHORATO				
31. DATE FILED (Month, Day, Year) MAR 3 1 199	32. REGISTRAR'S &	IGNATURE Pandall	Wisconsin	flus p	ETHOMPHO				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Mirddle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH
	LESLIE HERNDON WILLIS  MONTH  3 28 92 5:25 P
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	MONTHS DAYS HOURS MIN (Morith, Day, Year) . Country) : 1
	10-27-1099 Washington D
or .	The County of Dealth
O	Friends Nursing Home Sandy Spring Nowtgompal
DIRECTOR	PARRIDENCE OF DECEDENT
2	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	Maryland Prince Georges Hvattsville 1X YES 2 NO
7	10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?
BY FUNERAL	5-29 7-7 / 4/20 - 40-
Z	11. MARITAL STATUS 12. MAS DECEMENT EVER IN U.S. A.
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, 15. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yee or No— 16. RACE — American Indian, 17. Black, White, etc.
>	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 W NO Specify: Specify:
	white
ш	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KINO OF BUSINESS/INDUSTRY
W	Elementary/Secondary (0-12) College (1-4 or 5 +)
교	10th Grade   Self Employed Nurseryman Hyattsville Plant Nursery
COMPLETED	17 SATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Melden Surname)
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	Alan Lee Ganey 5004 37th Place, Hyattsville, Md. 20782
	20a, METNOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Commetter Comm
	1 Resurted 2 Crymetton 3 Removal from State 4 Donation 5 Other (Specifi Glenwood Cemetery 4-1-1992 Washington, D.C.
i	21. BIGHATUNI OF FUNERAL SERVICE/LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Francis Gasch's Sons Funeral Home, P.A.
	4739 Baltimore Ave., Hyattsville, Md. 20781
	23. PART I JEntar the diseases, or complications that caused the death. Do not enter the mode of duling such as cardio as assistant and a second control of the caused the death.
	Interval Between
	IMMEDIATE CAUSE (Final disease or condition )
	disease of condition
	QUE TO (OR AS A CONSEQUENCE OF):
Z	CEREBRO VASOULAR SCHOUN TELM
은	Sequentially list conditions, If any, leading to immediate
S	cause. Enter UNDERLYING   EREBERT   DEARCTIONS   7 KS
Ē	that initiated events OUE TO (OR AS A CONSEQUENCE OF):
F	resulting in death) LAST  A S C V D
CERTIFICATION	
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS
EDICAL	PERFORMED? AMAILABLE PRIOR TO
0	1 U YES 2 YAQ COMPLETION OF CAUSE OF DEATH?
ž	1   YES 2   NO
ż	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATN (Check only one)
S	HOSPITAL: QINER:
<b>→</b>	27. MANNER OF DEATH
	Netural 5 Pending (Month, Day, Year) HAURY WORK?
À	2 Accident Investigation M 1 YES 2 NO
ED	3 Suicide 6 Could not be determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determin
E	4 Nomicide determined City or Town, State)
ا ي	29e. CERTIFIER THE CERTIFYING PHYSICIAN: To the heat of my troppled to deth
COMPLET	(Check only one)  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated.
8	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as similar.
w	290. SIGNATURE AND TITLE OF CERTIFIER 290. DATE SIGNED (MOON, Day, May)
BO	1 - shara - 100 (406 12/29/92
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
I	DONALD K. LEWIS 170 OLNEY Md 2083Z
-	
	31. DATE FILED WORTH DOWN 1997 1992 32. REGISTRAR'S TIGHTURE - Mandelle

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	ificati	phys an	ury, or other traumatic event, the medical examiner must	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	HO	E SE	2	1
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STATE 0	F MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
		ERTIFICATE				REG. NO

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI	MENT OF H	EALTH AN	D MENTA	L HYGIEN			10323
	1. DECEDENT'S NAME (First, Migulio, Last) CLARENCE	Ε.	WIL	LIAN	15 SR	2. DATE	OF DEATH	19	93	3. TIME OF DEATH P. M
		1 PM 2 DF 7	9 YRS.	UNDER 1 YEAR	IF UNDER 24 HR HOURS MIT	A46	OF BIRTH	-	Geo	PLACE (State or Foreign
HOL	Prince George'		100	Cheve		F DEATH			ince	e George's
FUNERAL DIRECTOR	-	e George's		OXON	Hill					10d. INSIDE CITY LIMITS? 1 YES 2 NO
NEKA	100. STREET AND NUMBER  5001 Wheeler R  11. MARITAL STATUS	oad			20745			Uni	ted	States
2	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 W NO	If yes, sp	ENDENT OF HIS pointy Cuban, Me 2X NO Sp	xican, Puerto	N? (Specify Ye Rican, etc.)	s or No—	14. RACE Black Specific	— American Indian, , White, etc.
COMPLEIED		TION Impleted) College (1-4 or 5+) Years	16a. DECEDENT'S US (Give kind of work life. Do NOT use in Retired I	done during mo tired.)	st of working	161	GOVE			
5	17. FATHER'S NAME (First, Middle, Last)	10010	rectice .	uzn 10	_	NAME (First,	Middle, Maiden		-11 C	
200	Mattie Bohan	non					ence :			ams
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD							1
	Clarence E. Wi		PLACEANDDATEOF	Wheel						
	1 Burial 2 Cremation 3 Ramov. 4 Donation 5 Other (Specify)	at from State	etery, cramatory or other	I'm' Cen	netery	3/	31 Br			, MD.
	23. PARV I Enter the diseases, or co	Mouse	to	4001	Benni	ng Ro	1., N	.E.	Wash	D.C.
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	ear	st terio urdi	ova	lera s en	tic	d	Interval Batween Onset and Daath
THE SIGNAL MEDICAL	PART II. Other significent conditions	contributing to death bu	it not resulting in t	he underlying	cause given	in Part i.	24a. WAS AN PERFOR	MED?	1	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH	(Check only or	10)			
2	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpa		THER:  Nursing Home	8 🗆 Rasiden	ca 8 🗆 Othe	r (Specify)			
	27. MANNES OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOI	JRY AT RK? ES 2 NO	28d. DE	CRIBE HOW I	NJURY OCC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, atred	i, fectory, office		281. LOC City	ATION (Street or Town, Stete)	and Number	or Rural Ac	nute Number,
COMIN CELICIE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my knowle	dge, death occurred a	the time, date	end place, and o	due to the car	use(e) and mar	iner as stated	ed, e cause(s)	end manner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	es mo			29c. LICENSE I					Month, Day, Year) 26 1992
	30. NAME OF ADDRESS OF PERSON WHO CO	EMD. L	TH (ITEM 27) (Type, Prin	of to	JDR	LA	RGC	), M	ð	20772
	APR 0 2 199	Jaz. REGISTARIS SIGNA Puna Na	rung vidson-Randa	ee_	-	/			-	

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		t permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	led in by the funeral director, page 5 should be detached for use as the burial-transit, or removal.	medical examiner must be notified at open
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as any injury, or other traumatic event, the market as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second event as a second ev

	1 - STATE REGISTRAR	STATE OF M	IARYLANI	D / DEPAI CERTIF	TMEN	T OF H	DEA	AND	MENTAL	HYGIEN BEG. NO.			10000
	DECEDENT'S NAME (First, Middle, Last, MILDRED	V.	ARIO						2. DATE OF	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH 930 P			
	4. SOCIAL SECURITY NUMBER 218-18-2617	5. SEX	6. AGE (In yr:	s. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, I)	26,1	910	Count	NPLACE (State or Foreign ny)
R	9e. FACILITY NAME (If not institution, give street and number)  9b. CIT					r town o	R LOCATI	ON OF DE	FATN	20,1	9c. COUN		yland DEATN
DIRECTOR	RESIDENCE OF DECEDENT												
RE	10a, STATE 10b, COUNT	TY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
						timo	re						LIMITS?
A	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZ	ZEN OF V	WHAT COUNTRY?
E	3714 Elmley Ave.							212	13		υ.	S.	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO				WAS DEC	ENDENT C	OF NISPAI In, Mexica Specif	NIC ORIGIN? ( in, Puerto Ríc y:	(Specify Yes en, atc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	e completed)		DECEDENT'S (Give kind of life. Do NOT u.	work done	CCUPATIO	ON st of working	ng	16b, K	IND OF BUS	INESS/IND	USTRY	
7	Elementary/Secondary (0-12) NA	College (1-4 or 5+)								0	1 0		
OM	17. FATNER'S NAME (First, Middle, Lest)						ME Con Man	Social Security , Middle, Melden Surneme)					
	Gordon L. Smith										,		
BE	19a. INFORMANT'S NAME (Type/Print)	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDR				B /Otmot o			en C.				
2	Ralph Harrison (	Son)		2 Tre	laen	y Ct	., I	uthe	ervill	e, Ma	aryla:	nd 2	21093
	209. METHOD OF DISPOSITION  1X) Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Campetery, granultry or other place)  Campetery, granultry or other place)  Cartery of Taith Cemetery  Baltimore, Md.												
	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc.												
	1/ Then	×) Z	reis -										21213
	PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that	causad the	death. Do r	not enter	the mo	da of dyl	ing, suci	h aa cardla	c or respi	ratory srre	eat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  LACTOR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AI PERFORM  1   VES. 2						MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MED		1 VES 2 NO OF DEATH? 1 VES 2 NO											
AN	25. WAS CASE REFERRED TO MEDICAL	1											
200	EXAMINER?	HOSPITAL:			OTHER	t:			ack only one)				
¥∥	27. MANNER OF DEATH	1 Inpatient 2 I		3 LI DOA				eldence	6 Other (S				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	; Year)	INJ	URY M		RK? ES 2 [	) NO	28d. DESCR	IBE NOW IN	JURY OCCI	URED	
	3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE	ICIAN: To the best of m	ny knowledge, mination and/	death occurre	d at the ti	me, date o	and place,	end due	to the cause(	s) end menr	ner ee state	d.	and menner ee stated.
H	296 SIGNATURE AND VITLE OF CERTIFIER	/	1	20			29c. LICE						(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (I	TEM 27) (Type,	Print)					/			11/6
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR	S SIGNATURE		101	ON	M	em	0//	/	40	5/	)
- 11		17 0. 100 .	. 50										

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88/80, BALIIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	tic event, the medical examiner must be notified at once.
DISTON OF VITAL ACCORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, La.				ATE OF			REG. NO.	E				
	HILDA M. ADAMS							2. DATE OF DEATH DA APRIL 18	,199	YEAR	7:00 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bird		MONTHS DAYS HOURS MIN. 7. DATE			7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign		
	218-22-0497	18-22-0497 1 M 2 F 9  FACILITY NAME (If not institution, give street end number)						JUL 21,1	900	MARYLAND			
Œ				9b.	CITY, TOWN				9c. COUNTY OF GEATH				
DIRECTOR	THE BROADMEA	_		COC	KEY	SVIL	LE		BAI	TIMORE			
REC	10e. STATE 10b. COU	10	c. CITY, TO	OWN OR LOCA	TION				1	Od. INSIDE CITY			
	MD.	E		COCKEYSVILLE					1	LIMITS?			
Z Z	100. STREET AND NUMBER			101. ZIP CODE						AT COUNTRY?			
FUNERAL	13801 YORK R							030	11.2	U.S.	Α.		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married  MI Widowed 4 Divorced	Never Merried 2 Married FORCES7 1 YES			It yes, s	Righty Cube	or, Mexican, Specify:	C ORIGIN? (Specify Yee, Puerto Ricen, etc.)	or No-	14. RACE — Black, Y Specify:	- American Indian, White, etc. WHITE		
ED	15. DECEDENT'S El (Specify only highest pro	DUCATION ade completedi	16e, DECED	ENT'S USU	JAL OCCUPATI	ON of world		16b. KIND OF BUS	16b. KIND OF BUSINESS/INDUSTRY				
LET	Elementery/Secondary (0-12)	College (1-4 or 5	He. Do		done during mitired.)		W						
COMPL	12	2		SECRETARY			U.S.GO	U.S.GOV'T.CIVIL SERVIO					
	17. FATHER'S NAME (First, Middle, Last)	n.						E (First, Middle, Maiden :	,				
H	JOHN H. DUML  19e. INFORMANT'S NAME (Type/Print)	ER						SA NITSC					
4	DR.JOHN DUML	ER						ENSTOWN		,	658		
	004. METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	emoval from State	20b. PLACE AND I cemetery, cremeto	ry or other p	olece)				CATION — C				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	PROSPI	ECT	HILL 22 NAME A				SON,	MD.	21204		
	22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS AND SONS 4905 YORK ROAD. BALTIMORE, MD. 21212												
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Onset and Death  U.L.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	d.												
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.						ert i. 24a. WAS AN / PERPORI	WED?	AN CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	T			26. PI	ACE OF D	EATH (Check	k only one)					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 0	OA 4 N	HER:			Other (Specify)					
Ή	27. MANNER OF DEATH	28e. DATE OF			28c. INJ	URY AT			JURY OCCU	IREO			
ВУ Р	27. MANNER OF PEATH  1 Natural 5 Pending 2 Accident Investigation  280. DATE OF INJURY (Month, Day, Year)  280. INJURY AT WORK? 1 YES 2 NO												
6	3 Suicide 4 Homicide  Suicide 5 Could not be determined  Suicide 6 Could not be determined  City or Town, Steel  Suicide  City or Town, Steel												
COMPLET	1 CERTIFYING HYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner es stated.  2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(e) end menner es stated.												
BE C	296. SHANTURE AND TIME OF CERTIFI	ER				29c. LICE	NSE NUMB	ER	294. DATE	SHOMED M.	onth, Day Year)		
TO B	d. NAME AND ADDRESS OF PERSON W	/HO-COMPLETED CAUS	E OF DEATH (ITEM 27)	(Time Drive	n	D3	391	43	•	4/6	4/92		
	SUSAN LEVY	M.D.	FRANI		SQ.H	IOSP	ITAL	ROSSVI	LLE,	MD.	21237		
	31. OATE FILED (Month, Day, Year)	32. REGISTRA	A WATUREDO										

10

and the same

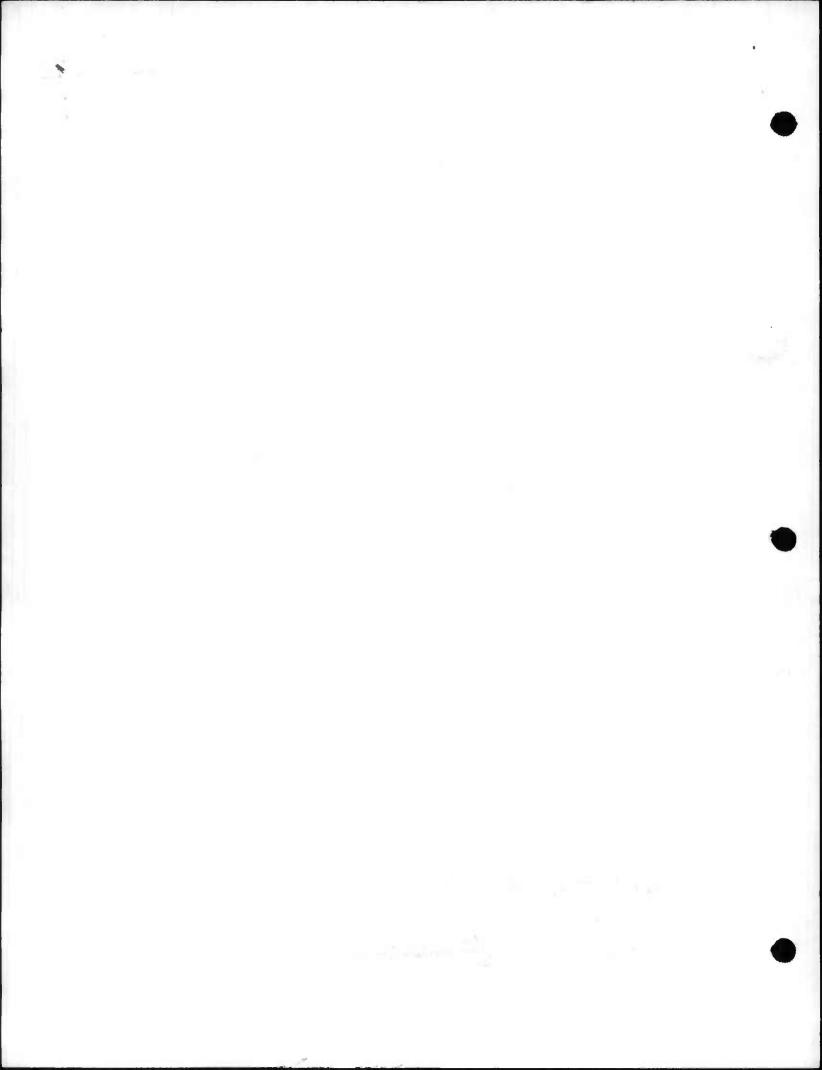
and the same

al-transit permit, Pages 1, 2, 3 should

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF I		MENTAL HYGI			,
	1. DECEDENT'S NAME (First, Middle, Last)		-	0,112 01		2. DATE OF DEAT	N		3. TIME OF DEA/H
	PHYLLIS ASH					04 1	DAY	YEAR	0620 A M
	4. SOCIAL SECURITY NUMBER	5. SEX B. AGE (	In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRTN	PLACE (State or Foreign
	220-76-1826	1 🗆 M 2 💢 🕱	44 YRS.	MONTHS DAYS	HOURS MIN.	6/3/4	7	Country	"Maryland
~	9s. FACILITY NAME (If not institution, give				OR LOCATION OF DE	ATH		INTY OF D	
DIRECTOR	St. Agnes Hospital Baltimore						ват	LIMOI	e City
EC									10d. INSIDE CITY
DIG	Maryland Ba	1timore	Owi	Owings Mills					1 TES 2 X NO
BY FUNERAL	100. STREET AND NUMBER Rosewood Hospit	al Center	-	10	ZIP CODE 2.1	States			
CNE	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	- American Indian.			
YF	1 XNever Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Maxica 2 XNO Specify		-)		white, etc. White
	15. DECEDENT'S ED	IOATION .	44- DECEDENTIA			401 44110 00		1	WIIICC
HE	(Specify only highest grad	e completed)	(Give kind of w life. Do NOT us	ork done during me retired.)	est of working	186. KIND OF	BUSINESS/IN	DUSTRY	
COMPLETED	None	College (1-4 or 5 +)		bled					
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Me	iden Surname)		
BE C	Unknown				Be	tty Long			
TO B	19s. INFORMANT'S NAME (Type/Print)				and Number or Rural I				100 01100
F	Kim Owen								, MD 21102
	20s. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Rer  4 Donation 5 Other (Specify)	noval from State	other place)	dlawn C	emetery or	4/18	Woodla		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY			
	· James	B Cou	ell	Lori 8728	ng Byers Liberty	Funeral Road R	Direc andall	tors,	Inc.
	23. PART I. Enter the diseases, or	complications that cause	tha teath. Do n						Approximata
	immediate cause (Final	. List only one cause on a	ach ilna.						Interval Between Onset and Daath
	disease or condition ACUTE ASPIRATION OF GASTRIC CONTENTS								
		DUE TO (OR AS	CONSEQUENCE OF	):					
NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  b. CHRONIC ASPIRATION PNEUMONITIS  DUE TO (OR AS A CONSEQUENCE OF):  PEPTIC ESOPHAGITIS							Months	
ATI									Months
FIG	CAUSE (Diseasa or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	j:					
CERTIFICATION	resulting in death) LAST	d. SUBSIDING	ACUTE P	ANCREAT	ITIS			Weeks	
	PART II. Other significant condition	ns contributing to death t	out not resulting i	n tha undarlyir	g cause given in	Part I. 24s. WA	S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS
EDICAL	CEREBRAL PA	LSY AND MENTA	L RETARD	ATION		PE	RFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED						_   '^' ''	2 1 110		DF DEATH? 1 ♥ YES 2 □ NO
¥						_			A
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF OEATN (Ch	neck only one)			
SIC	1 NES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 🗆 DOA	OTHER:	ne 8 🗆 Rasidenca	8 Other (Specify	)		
	27. MANNER OF DEATN  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY	JURY AT ORK? YES 2 NO	28d. DESCRIBE N	OW INJURY O	CCURED	
ВУ	2 Accident Investigation	28e, PLACE OF INJURY	— At home, farm, a			26f, LOCATION (S	treet and Numb	er or Rural I	Route Number,
TED	4 Homicide S Could not be determined	3 Suicide s Could not be detarmined 28. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, offica City or Rown, State)							
E	29s. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	rledge, death occurre	rd at the time, dat	and place, and due	to the cause(a) and	d manner as st	ated.	
COMPLET	Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
ECC	29b. SIGNATURE AND TITLE OF CERTIFI	29b. SIGNATURE AND TITLE OF CERTIFIER 4 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, West)							
00	Bert J.	motor W	10.		D0894	19	<b>•</b>	April	16, 1992
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type,	*					1000
	BERT F. MORTON		nes Hosp	ital 90	00 Caton	Ave., Ba	ltimo	re, M	D 21229
	31. DATE FILED (Month, Day, Year)	1 1992 Auk	ATURE						
		T NAMA SAME	to distribute	75 and and					



	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	·		DEA		2, DAT	REG. NO.		1 :	. TIME OF DEATH
	Charles	Hen	ry	Am	rhin	e			MON	April 1		992	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)		ER 1 YEAR	IF UNDER	24 HMS.	7. DAT	E OF BIRTH	1	6. BIRTHPL	ACE (State or Foreign
	215-18-2357	1 🛣 M 2 🗆 F	82	YRS.	MONTHS	NTHS DAYS HOURS N		MIN.		nth, Day, Year) 2-27-10		Country)	vland
	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF D			9c. COUN	TY OF DEA	
DIRECTOR	8 Irving Plac	e				P	ikes	vill	e		В	altin	nore
ַ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			I 40. 017	V		ww						
	100.000111					Pike:		1 0				1	Od. INSIDE CITY LIMITS?
3	100. STREET AND NUMBER				101. ZIP CODE							☐ YES 2 🖾 NO	
FUNERAL	8 Irving Plac	0			21208				10g. CITIZEN OF W			AT COUNTRY?	
ž	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A							10.00 00 14 · M -		S.A.			
B	1 Never Married 2 Merried 3 Nuldowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 W				If yes, sp	ecity Cube	in, Mexica	in, Puert	o Rican, etc.)	OF 140-	Black, \ Specify:	- American Indian, White, etc. Vhite
	15, DECEDENT'S EDUC (Specify only highest grade	ATION	16e. D	ECEDENT'S	USUAL	OCCUPATIO	ON		10	86. KIND OF BUS	INESS/IND		
<u>.</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +	) in	Sive kind of a b. Do NOT us	work done se retired.	during mo	st of working	ng					
N N	2	0 Years	Ass	t. V	.P.	& Ser	nior	Tru	st (	Officer	-MD N	ation	nal Bank
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT			, Middle, Malden			
200	Henry Augus	t	Amrhi							M.E. M	_		
2	19a. INFORMANT'S NAME (Type/Print)									mber, City or Town			
	Mrs. Jane Mann		2	.916	Offu	tt R	oad l	Rand	alls	stown,	MD 2	1133	
	20e. METHOD OF DISPOSITION  1 Removel from State  20b. PLACE AND DATE OF DISPOSITION (Name of genetary, or other plage)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  4/20 Pikesville, MD												
	4 Donation 8 Other (Specify)	THEFF. O	Druid	Rid	-					/20 Pi	kesvi	lle,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.												
	stephen	111.4	enpe	no									MD 21133
	23. PART I. Enter the diseases, or cahock, or heart feliure. I	omplications the	coused the de	eath. Do r	not ente	r the mo	da of dyl	ing, suc	h as ca	rdiec or reapi	ratory sme	ent,	Approximata
	IMMEDIATE CAUSE (Final	nat only one ceu	se on each lith	o.									interval Between Onset and Death
	disease or condition							10 MINE					
	DUE TO (OR AS A CONSEQUENCE OF):												
5	Sequentially list conditions,												
	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	QUENCE OF	F):								
CENTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	QUENCE O	D.								
	resulting in death) LAST				,.								
3													
4	PART II. Other significant conditions	contributing to	death but not	resulting i	in the u	nderlying	cause g	given In	Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
	LUNG AND L	WEK	METAS	TAS	3					1 TYES 2		C	OMPLETION OF CAUSE F DEATH?
THISICIAN: ME										1	1		YES NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	ock only	one)			
2	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE 4 □ Nu	R: rsing Home	5 Re	sidence	6 🗆 Oth	ner (Specify)			
	27. MANNER OF DEATH	28a. DATE OF (Month, Da		26b. TIM	E OF URY	28c. INJU			28d. 06	ESCRIBE HOW IN	JURY OCC	JRED	
	1 Natural 5 Pending Investigation				М		ES 2 [	ON [					
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE Of building,	FINJURY — At ho stc. (Specify)	ome, farm, s	street, fac	tory, office			26f. LO	CATION (Street early or Town, State)	nd Number o	r Rural Roul	e Number,
COMPLETE													
	29e. CERTIFIER (Check only one)												
	one) 2 MEDICAL EXAMINER	On the basis of ax	amination end/or	Investigatio	n, in my	opinion, de	eth occur	ed at the	time, dat	te end place, and	due to the	cause(e) er	nd manner se stated.
4	286 SIGNATURE AND TITLE OF CENTIFIER	- ()					29c. LICE				29d. DATE	SIGNED (M	Day, Year)
	Cuy sey	Long					D'	193	13		▶ ∠	1/20	192
-	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)	)ic ^				14 0-			7
	LNC V. SET	TEKO	コレ	110	TH	K H	VC.	D)	-)LI	MORE	) ML	12	1201
	31. DATE FILED (Month, Dey, Year)												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the multi-first be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BEATRICE	BANK	5			2. DATE OF DEATH	" 0AY 6	72	3. TIME OF DEATH  945 A	
4. SOCIAL SECURITY NUMBER 223-28-1960	1 🗆 M 2 💢 🗲	AGE (In yrs. lest birthdey) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIFTTH (Month, Day, You 9/13/1	913	Count	HPLACE (State or Foreign or)	
90. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  Sinai Hospital  RESIDENCE OF DECEDENT  100 STATE  101 POURTY									
MD.  10. STREET AND NUMBER		Baltimo						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
2301 Oswego At	<i>r</i> e	21:						VHAT COUNTRY? JSA	
11. MARITAL STATUS 1 Nover Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cubers, Mexico ES 20 NO Speci	en, Puerte Ricen, atc.	y Yee or No—	14. RACI Black Spec	E — American Indian, k, White, etc. Hy:	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION trade completed) College (1-4 or 5+)	Iffe. Do NOT L	work done during se retired.)	CCUPATION 18b., KIND OF BUSINESS/INDUSTRY					
17. FATHER'S NAME (First, Middle, Last)	)	no	memaker	16. MOTHER'S NA	AME (First, Middle, Me	iden Surneme)	)		
Lonnie				die Turne					
19a. INFORMANT'S NAME (Type/Print)  Janice Beane				DDRESS (Street end Number or Rural Route Number, City or Town, Steta, Zip Code)  L OSWEGO AVE Balto, Md. 21215					
20e. METHOD OF DISPOSITION		Balto, Md. 21215							
1 Donation 6 Other (Specify)		cemetery, cremetory or o	other piece) awn Ceme	etery		Balto			
21. SIGNATURE OF FUNERAL SERVICE	1. R	uss	Jos	and address of FA Seph L. R 22 West N	uss Funer			Md. 21216	
anock, or neert fellu	ire. List only one cause of	used the death. Do on each line.	not enter the r	node of dying, aud	th as cardiac or re	papiratory a	irrest,	Approximata interval Between	
shock, or heeft fellul immediate or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. RESPI DUE TO (OR DUE TO (OR ENDETO	on each line.	FAII PUGU	node of dying, aud	h as cardiac or re	papiratory a	errest,	Approximata interval Betwee Onset and Dec	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. RESPI  OUE TO (OR  DUE TO (OR  C. DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE OF	FAII PUBLU L CA	NOTE STATES	PUSION 1 A W Part I. 24a. WAS PER	papiratory a	TAS TP	Approximata interval Betwee Onset and Des	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. 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RESPI  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  HQSPITAL:	AS A CONSEQUENCE OF THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULTED TO THE BUT NOT RESULT.	FAII FILE L CAF	NOTE STATES	PUSION  1 A W  Part I. 24a. WAS PER  1 UYES	AN AUTOPSY FORMED?	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BALTIMORE, MARYLAND 21215-0020	yours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	1093
ECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEAT
CEODCE POCCE	George Frank Bosse	MONTH / / DAY / O YEAR	9-45

- 1	1. DECEDENT'S NAME (First, Middle, Last)  GEORGE BOSSE George FA	ank Bosse	e		2. DATE OF DEATH	1 9 2 YEAR	3. TIME OF DEATH 9-45PM		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07 21 04	8. BIR	THPLACE (State or Foreign intry) McLe		
TOR	9e. FACILITY NAME (If not institution, give street end number)  CHURCH HOSPITAL  RESIDENCE OF DECEDENT			ORE CIT		9c. COUNTY OF	DEATH		
DIRECTOR	10a. STATE 10b. COUNTY MD		TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO			
FUNERAL	914 South Highland Avenue		101. ZIP CODE 2/224			4 U.S.A			
ВУ	11. MARITAL STATUS  1  Never Merried 2 Married  3  Widowed 4  Divorced  12. WAS DECEDENT EVER 9 FORCES? 1  YES IF YES, GIVE WAR OR D.	2 NO	ARMED  13. WAS DECENDENT OF NISPAI  If yes, specify Cuben, Moxics  1  YES 2  NO Specif						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Cotlege (1-4 or 5+)	(Give kind of wo	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Pressman			166. KIND OF BUSINESS/INDUSTRY  Continental (an (o.			
BE CO	17. FATHER'S NAME (First, Middle, Last) George Frank Bosse			Lillie	e (First, Middle, Meiden an M. Gred	if			
5	19a. INFORMANT'S NAME (TyperPrint) Marie Basse	9145.	Highle	nd Ave. L	Balto., Md.	21224			
-	20e. METHOD OF DISPOSITION  1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	PLACE AND DATE OF etery, cremetary or other creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the creating of the cr	tof Je	sus (em.	4-21-92 6	CATION — City or Dundalk,	Md.		
	· Chale D. Zirler		Char	es S. Zei	ler & Son	Inc. 60	V S. nkling St.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ach line.	C-A			ratory arreat,	Approximata Interval Between Onset and Death		
MEDICAL	PART II. Other significent conditions contributing to death be  ASCVO  Renal Person	ut not resulting in	2-		PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  28. PLACE OF DEATN (Check only one)  OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)								
BY P	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28b. TIME INJUI	M 1 1	RK? ES 2 NO	28d. DESCRIBE HOW #				
딢	3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								
COMPLE	29e, CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the best of examination						i(e) and menner se stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  A 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	rint)	29c. LICENSE NUMB	322	29d. DATE SIGNE	10 (Month, Dey, Year)		
	DR. NAZEMI, M.D. 100 M 31. DATE FILEO (MONTH, Day, Year) APR 21 1992  Julia Davidson	ATURE	WAY, E	ALTIMOR	E MD,212	231			
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EVITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020  CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the hueral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.  or filem 23 shows any Injury, or other traumatic event, the medical examiner must be notitifed at once.	TO BE COMO! ETEN BY CINCOA!
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYLAND 21215-0020  TO SECURE AN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician. To the chinicate has been signed by the attending physician and completely filled in the theoret. Privilega, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the theoret. Proving the control of the state Dept. of Health and Mental Hygiene prior to themore, or removal.  IMPORTANT: If Item 28 is marked, or lifem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	FOR	CTATE OF 14									2	10938	5
	1 - STATE REGISTRAR	STATE UF MA	ARYLAND / DEPAI CERTIF	RIMENT	OF H	DEAT	AND						
	1. DECEDENT'S NAME (First, Middle, Last)	MARIE A	NN BARNES	ICAIL	· OF	DEAI	n	2. DATE OF MONTH	DAY	1	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 221-28-5065	5. SEX 6	AGE (in yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D DEC. ]	BIRTH BY, Year)		Counti		M Hgn
	9e. FACILITY NAME (If not institution, give a			9h CITY	TOWN C	R LOCATIO	N OF D		.5,19		DE NTY OF D	LAWARE	
TOR	WASHINGTON ADVEN		ITAL			PAR		EAIH			TGOM		
DIRECTOR	MARYLAND H	Y IOWARD		LUMB		ION						10d. INSIDE CITY LIMITS? 1 YES XX N	10
FUNERAL	100. STREET AND NUMBER 7447 HICKORY LOG	CIRCLE			10f	ZIP CODE				10g. CIT		VHAT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. V	WAS DEC	ENDENT O	F HISPAI	NIC ORIGIN? (S	ipecify Yea	or No-	U.S	- American Indian	
BY	1 Never Merried 2 Merried 3 Wildowed 4 XXIII	FORCES? 1 [] IF YES, GIVE WAR	OR DATES	It	yes, spe	XX NO	, Mexice	in, Puerto Rice	n, atc.)		Speci	r, White, etc.	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of life. Do NOT u	Work done di se retired.)	CUPATIO	N It of working	,	16b. Kii	OF BUSI	NESS/IND	USTRY		
COMPL		5+	VICE PR	INCIE	PAL			PRI	VATE	SCH	OOL		
	17. FATHER'S NAME (First, Middle, Last)							ME (First, Midd		,			
BE	FRANCIS E. LANK  190. INFORMANT'S NAME (Type/Print)							M. CIE					
2	JEROME LANK (	BROTHER)	1501	NAAM	IANS	ROAI		Route Number, (				19810	
	20s METHOD OF DISPOSITION  12 XBurlel 2 Cremetion 3 Remi 4 Denation 5 Other (Specify)	oval from State	CATHEDRAL	of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Dis	TION (Na	ne of Y	4/	23/92	20c. LOCA			wn, State , DELAWAR F	r
	21. SIGNATURE OF PURE HAL SERVICE LIC	The s	1	LER	COY	D ADDRES M. & WIN K	S OF FA	SELL C	. WI	TZKE	FUN	ERAL HOME	ī.S
FILLICATION	23. PART I. Enter the disease, or cahock, or heart fellura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. Lavo,  DUE TO (OF	A AS A CONSEQUENCE O	Shoc n: ave	ck			orche.		and year	4	Approximate interval Better Onaet and D. Days	ween
I MEDICAL O	PART II. Other eigniticent condition	a contributing to da	ath but not reaulting	In the und	larlying	causa gl	ven in		WAS AN AI PERFORM	EDZ		WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	JSE
	25. WAS CASE REFERRED TO MEDICAL	,			26. PL/	CE OF DE	ATH (Che	ock only one)					-
5	1 TES 2 NO	HOSPITAL:	N/Outpetient 3 DOA	OTHER:				6 Other (Sp	nath.i				
	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,	IURY 26b. TIM		8c. INJU	RY AT	T	28d. DESCRIE		URY OCC	URED		_
	1 Natural 5 Pending 2 Accident Investigation	(110,111, 100),		M	-	ES 2 [	NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — At home, farm, (Specify)	itreet, factor	y, office			281. LOCATIO City or To	N (Street end wn, Stete)	d Number	or Rumi A	oute Number,	
	29e. CERTIFIER (Check only one)	CIAN: To the beet of my	knowledge, death occurre	ed at the tim	e, date i	ind place, e	end due	to the cause(e	) end manne	er ee atate	ıd.		
3	2 MEDICAL EXAMINES		ination end/or investigatio	n, in my opi	inion, de	ath occure	d at the t	time, date end	place, end	due to the	ceuse(e)	end manner ee atate	od.
	29b. SIGNATURE AND TITLE OF CERTIFIER	Kegg,	MD			29c. LICEN				P Z	SIGNED O	(Month, Day, Year) PR.92	
	30. NAME AND ADDRESS OF PERSON WHO	aue Of	OF DEATH (ITEM 27) (Type,	Print)	ton	A	716	utst	76	00	64	pr92 voll Ave va Bik I	
	31. DATE FILED (Month, Day, Year)	22. REDISTRAR'S	SIGNATION AND	1	-	110	-00	-11-01			will	-1, -10	
	APR 2 1 1992	Julia Davidos	- Honore							10	Kon	va Buk 1	40

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funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Montal Market or burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		ITMENT OF I		MENTAL HYGIEN	IE	10937		
9	1. DECEDENT'S NAME (First, Middle, Last)	JEAN R		BURLEY		2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-30-5093	6. SEX 6. AGE (In yrs. 1	last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS.	4 13 7. DATE OF BIRTH (Month, Day, Year) 11 12	6. BIR	ATHPLACE (State or Foreign unity)		
TOR	96. FACILITY NAME (If not institution, give str St. Agnes Hosp RESIDENCE OF DECEDENT				on Location of D		9c. COUNTY OF	ryland DEATH		
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
BAL (	100. STREET AND NUMBER 206 N. Monast	ary Avenue			1. ZIP CODE 21229		10g. CITIZEN OF	1 1 YES 2 □ NO F WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMEO	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	s or No 14. RA	ACE — American Indian, seck, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during me retired.)  ers Ai	ost of working	16b. KIND OF BU	SINESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) Benjamin F. C	16. MOTHER'S NA	ME (First, Middle, Meiden ta A.	surname) Richard	dson					
TO E	199. INFORMANT'S NAME (Type/Print)  ROSEtta A. Collins  206 N. Monastary Ave., Baltimore, Maryland  208. METHOD OF DISPOSITION  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION   Page   200. LOCATION - City or Town, State  209. PLACE AND DATE OF DISPOSITION - City or Town, State  209. PLACE AND DATE OF DISPOSITION - City or Town, State  209. PLACE AND DATE OF DISPOSITION - City or Town, State  209. PLACE AND DATE OF DISPOSITION - City or Town, State  209. PLACE AND DATE OF DISPOSITION - City or Town, State  209. PLACE AND DATE OF DATE OF DISPOSITION - City or Town, State  209. PLACE AND DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE									
	20s. METHOD OF DISPOSITION  1 % Buriel 2 Ceremetion 3 Remo 4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LE	cemetery, Gar	crematory or or	n Fore:	ST Vet	4/16/92 CEM OW COLITY 63:	ings M: 8 N. Gi	ills, Md		
	23. PART I Enter the diseases, or concluded the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of the second terms of th	omplications that caused the list only one cause on each list only one cause on each list only one cause on each list only one cause on each list only one cause on each list only one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the list one cause of the li	lna.	not entar the mo	y Halli	S F/H Ba	1 timore	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EVIVO SEQUENCE OF	MEUM	= pro	b. perik	inivis.			
MEDICAL	PART II. Other aignificant conditions HEPATIC ENI MRSD IN LEC  COLLINS A  25. WAS CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL	contributing to deeth but not cae pha copa from B	treaulting in the standard	er Co	gulgrat	PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	EV AANUEMO.	HOSPITAL:	3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, a	street, factory, offic	8	28f. LOCATION (Street e City or Town, State)	and Number or Rura	I Route Number,		
COMPLETED		IAN: To the best of my knowledgs, : On the basis of examination and/						o(s) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	Loy mo			29c. LICENSE NUI	MBER	29d. DATE SIGNE	ED (Morsth, Day, Year) 13/92		

caton Ave.

who complete cause of beath (ITEM 27) (Type, Print)
a (del on , 900

32. REGISTRAR'S SIGNATURE

DHMH-18 Rsv 1/89

30. NAME AND ADDRESS OF PERS Jayret

31. DATE FILED (Month, Day, Year)

APR 21 1992

MANUFACTURE SERVICE FINE

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH OF DAY 3. TIME OF DEATH YEAR HENRY J. BOWERS

1	A. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthd	lay) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	195	8. BIRTHPLACE (State or Foreign-	
	218-26-1130	1 🗆 M 2 🗆 F	6.3 YR		DAYS	HOURS MIN.		928	Maryland	
POR	G.B.M.C., 670		ARLES ST.			OR LOCATION OF DE	EATH ***	BAI	TY OF DEATH TIMORE	
ច្ឆ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	,	Lan	CUTY DOUBLE						
COMPLETED BY FUNERAL DIRECTOR	MARYLAND BALTIMORE BALTIMORE  10c. CITY, TOWN OR LOCATION BALTIMORE								10d. INSIDE CITY LIMITS?  1 YES 2 XHO	
	106. STREET AND NUMBER  123 TRAILWAYS RD  107. ZIP CODE  21220						0	10g. CITIZ	EN OF WHAT COUNTRY? USA	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES							7 (Specify Yes or No. 14. RACE — American Indian,		
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN	IT'S USUAL O	CCUPATIO	ON	16b. KIND OF BUS	SINESS/INDU	White	
	Elementary/Secondary (0-12) 6th	College (1-4 or 5 +		(Give kind of work done during most of working life. Do NOT use retired.)  Crane Operator			Be	th St	eel	
	17. FATHER'S NAME (First, Middle, Last)  John Bowers					16. MOTHER'S NA	ME (First, Middle, Meiden			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	S (Street a	nd Number or Rural I	MARY RIF		Code)	
2	Toni Weir		1	711 Ar	ne	Ave. BAl	timore MA	rvlan	1 21221	
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DA	TE OF DISPOS	ITION (Na	ame of	DATE 20c. LO 4/20/92 Ba	CATION - C	ity or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1 1	22.	NAME AF	D ADDRESS OF FA	CILITY			
	23. PART i. Enter the diseases, or	inila	Pum				ralHome 30			
	shock, or heaf failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CAR	O A CONSEQUENCE	KRC.	5/			* * * *	at, Approximate Interval Between Onset and Daath	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. JEA	OR AS A CONSEQUENCE	CODA	1AC	byen	ndin		72	
ERTIFI	that initiated evente resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE	e orij/		1	V.			
MEDICAL C	PART ii. Other algnificent condition	a contributing to	death but not reauition	ng in the un	derlyin	g cause given in	Part i. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								,	1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:									
	1   Pes 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)    27. MANNER OF DEATH   28a. DATE OF INJURY   28b. TIME OF   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED   INJURY WORK?									
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined 4 Homicide determined									
COMPLETED	anat .		my knowledge, death occ						d. cause(s) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	Vi.	M			29c, LICENSE NUM	MBER	29d. DATE	SIGNED (Morth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH	LEWIS	, MD, 91	Type, Print)	RNK	This Squ	me Drive	, Bo,	Himore 2123	
	31. DATE FILE (MONTH 2"1"1992	32 AEGISTRA	widson-Aandal							

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	TO THE HOSPITAL DR ATTENDIN	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If Item 28 is r

	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MENTAL HYGIEN	(E	92	10939
1	DECEDENT'S NAME (First, Middle, Last)     ROB	BERT GE							2. DATE OF DEATH MONTH	7.	1992	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1M 2 F	6. AGE (in yrs. la		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH		A. BIRTH	PLACE (State or Foreign PENNSYLVAN)
R	185-18-8101 9a. FACILITY NAME (If not institution, give st 3601 CLARKS LA	street and number)		5	9b. CITY		OR LOCATION				JNTY OF DI	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		701	BALTIMORE  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY								TO A MINISTER CUTY
	MARYLAND					BALTI	IMORE					10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	3601 CLARKS LA.,	APT. 701				101.	. ZIP CODE		.215	10g. CIT	USA	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	X YES 2		1	if yes, spe		n, Mexicar	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No-	or No.— 14. RACE — American Indian, Black, White, etc.  WITTE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	16a. Di	DECEDENT'S 'Give kind of a le. Do NOT us	USUAL OG work done ( se retired.)	CCUPATIO during mos	HN st of workin	ng	16b. KIND OF BU	ISINESS/INDUSTRY			
MPL	4 CONTRACTOR										1PROV	EMENTS
	17. FATHER'S NAME (First, Middle, Last)  MORRIS		BECK				18. MOTHER'S NAME (First, Middle, Maiden Surname)  ROSE GOODMAN					
TO BE	196, INPOHMANT'S NAME (Type/PTINT)								Number, City or Tow			21215
	MRS. DELORES BEC		20b. PLACE	3601		_		API		ALTO.	· / MD	21215
	1 Suburiel 2 Cremation 3 Remo		DRUI		DGE DIACO				1-17-92 P		VILLE	
	21. SIGNATURE OF PUNERIAL SERVICE HO	566	ew	is	6	SOL I 5010	REIS	NSON STERS	& BROS., STOWN RD.,	BALT		MD 21215
	23. PAIT I. Enter the diseases, or contact, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardi	lac al	ules	thm	ma	v k	leg po	x/a			Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	. Metal	(OR AS A CONSE	EQUENCE OF	acci	NOTE	ne /	51	lung + b	ore		Zaps Zaps Zasi
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition.	acontributing to				derlying 2	gluse g	jiven in i	Part I. 24a. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000171					ACE OF DI	EATH (C)	ck only one)			
IYSI	1 YES 2 NO	HOSPITAL: 1   Inpatient 2				sing Home		sidence (	8 Other (Specify)			
ву Рн	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Da	ay, Year)		JURY M		RK? 'ES 2	] NO	28d. DESCRIBE HOW			
	3 Suicide 8 Could not be determined	28s. PLACE OF building, a	F INJURY — At he atc. (Specify)	At home, farm, street, fectory, offics					281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE TO MEDICAL EXAMINER								to the cause(s) and ma			and manner as stated,
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	Ster		ha	)		29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)

0 - 160 9 0 296. SIGNATURE AND TITLE OF CERTIFIES

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri

3635 RACI

31. DATE FILED (Month, Day, Year) 4-/7-92 APR 21 1992 Lulia Savidson-Rendera

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E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	prant to them 28 to modes or Nem 23 chane any injury or other traumatic event the
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		FOR STATE OF I		IMENT OF HEALTH AND N CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	j	1. DECEDENT'S NAME (First, Middle, Last) HENRY COVIN 67	-0N		2. DATE OF DEATH DAY	year 92 450 A M
		4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
pinous		9a. FACILITY NAME (If not institution, give street and number)	YRS.	9b. CITY, TOWN OR LOCATION OF DE	8-15-24 ATH /9c. C	COUNTY OF DEATH
. 2, 3	TOR	BOW SECOURS HOSP 17A	4	BALTIM	ORE	BALTIMORE
it. Pages 1	DIRECTOR	10e, STATE 10b, COUNTY	1	TOWN OR LOCATION  BALTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) ND
n. ansit permit.	FUNERAL	100. STREET AND NUMBER LINCOLN CO 1217 W. FAYETTE ST	W. CENTER	101. ZIP CODE	100	CITIZEN DF WHAT COUNTRY?
ing physician. the bunal-transit	BY FUN	1 Never Married 2 Wilderried FORCES?	NT EVER IN U.S. ABMED 1 YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexican 1 YES 2 ND Specify:	, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, etc.  Specify: B L A CK
al or attend for use as	IPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5	(Give kind of w	USUAL OCCUPATION ork done during most of working entired.)	16b. KIND OF BUSINESS	/INDUSTRY
by the hospit d be detached d at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Lawrence Cov	inaton		RE (First, Mode, Meiden Surnem	ton
be retained by ge 5 should be notified at	TO B	Estelle Covington	281	Norfolk A	we Palto. 11	12 Zip Code) Nd. 21215
e 6 may be ector, page must be		20e. METHOD OF DISPOSITION  1	D-Lud K	idae Cemeter y	Ba / t	— City or Town, State
after death. Page 6 m by the funeral director, smoval.		21. SIGNATURE OF FUNERAL SERVICE LICENSIP	dan	Douglas Fu	ineral Seru	ice
ned within 24 nours after death. Page 6 may completely filled in by the funeral director, pa ial, cremation, or removal.  c. event, the medical examiner must b		23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one call IMMEDIATE CAUSE (Final disease or condition resulting in death)	te M-I	n de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l		Approximate Interval Between Onset and Death
be executed cian and con or to bunal, raumatic en	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	o jorge a consecuence of	ed CVAL	1	
death certificate be attending physician sital Hygiene prior try, or other traur	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	ON AS A CONSEQUENCE OF	):		
w requires that the de been signed by the a rt. of Health and Men shows any injury	MEDICAL	PARTILL Other significant conditions contributing to Fractive of tef	posth but not resulting I	n the underlying cause given in	Part I. 24a. WAS AN AUTOP PERFORMED? 1   YES 2 NO	AMAILABLE PRIOR TO
SICIAN: The last certificate has the State Dept., or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2	ER/Outpetient 3 DOA	28. PLACE OF DEATH (Che		
NG PHYSICIA fter this certification with the marked, or	ву РНУ	27. MANNER OF DEATH 28s. DATE O		E OE 200 IN HIRDY AT	28d. DESCRIBE HOW INJURY	OME
L DR ATTENDING P DIRECTOR: After thours after death thours after death item 28 is mar	TED	3 Suinide 28a. PLACE	ate (Specify)	, was treated	at Liberti	Med-Center.
HOSPITAL DR A FUNERAL DIREI WITHIN 72 HOURS	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: Qu the best of		ed at the time, date and place, and due		3
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: 1	BE	206. BIGHATUME AND TITLE CENTIFIES PER	Ump	29c. LICENSE NUM DOZO	31	DATE SIGNED (Aforth, Day, Year) April (20 - 92
1	7	ALL I. BAYKALER, N	USE OF DEATH (ITEM 27) (Type)	Poplar gov	ie St. Bo	ef. 21216

MPLETED CAUSE OF DEATH (ITEM 27) (R. M. D. 83)
32. REGISTRAR'S SIGNATURE—
10. Auridon—Romana.

APR 21 1992

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I OF VITAL RECORDS, P.O.	TENDING PHYSICIAN. The law requires that the death certificate
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Dr. J Jamshid
31. DATE FILED (Month, Day, Year)

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	FOR 1 - STATE REGISTRAR		MARYLAND / CE		RTMENT ICATE				MENTA	L HYGIEN		16	1094
	1. DECEDENT'S NAME (First, Middle, Las	st)							2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	ELEANORE HUTC		COLE						4			Q 2	11:24 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1	YEAR DAYS		R 24 HRS.		OF BIRTH		A. BIRTHE	LACE (State or Foreign
	214-24-4571	1 🗆 M 2 🔏 F	96	YRS.	NOW I PER	DAYS	HOURS	MIN.	100	22 18	95	OUGHI F)	Maryland
-	9a. FACILITY NAME (If not institution, give street and number)					TOWN O	R LOCAT	ION OF DE			9c, COUN	TY OF DE	
DIRECTOR	College Manor				Lutherville Baltimo					more			
1 2	10a. STATE 10b. COU	NTY		10c. CIT	CITY, TOWN OR LOCATION							10d. INSIDE CITY	
	MdB	altimore		TI.	owson								LIMITS?
FUNERAL	10e. STREET AND NUMBER						ZIP COD	E			10g. CITIZ	EN OF W	AT COUNTRY?
1 8	204 E. Joppa R				212	0.4							
13	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. W	AS DEC	ENDENT	OF HISPAN	VIC ORIGI	17 (Specify Yes	or No-	US A	- American Indian,
	1 Never Merried 2 Married	IF YES, GIVE	YES 27 N	0	lf lf	yes, spe	city Cubi	nn, Mexica Specifi	in, Puerto	Rican, etc.)		Black, Specify	White, etc.
B B	3 🔀 Widowed 4 🗌 Divorced							.,,			1	Ороску	White
8	15. DECEDENT'S EI (Specify only highest gra				USUAL OCC			ina	162	KIND OF BU	SINESS/INDU	STRY	
iii	Elementary/Secondary (0-12)	College (1-4 or 5	- Illa	Do NOT us	se retired.)								
₩ M	12			Ho	memak	er				Ow	n-hom	0	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE	Nicholos J. Hu	tchins		-			T.	ula	Shan	klin			
2	19s. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	Street ar	nd Numbe	r or Rural I	Route Num	ber, City or Yow	n, State, Zip (	Code)	
-	Robert Cole Sr.			3325	Byin	ator	n Rd	ТО	wean	- Md	21204		
	30e. METHOD OF DISPOSITION 1 □ Burdel 2A Cremittion 3 □ Re		20b. PLACE A	ND DATE	OF DISPOSIT				OAT		CATION - C		n, State
	4 Donatton 5 D Other (Specify)	7/	complery, cren			00 (	~~~~		1/2	1/92	Towso	n	
	21. BIGHATURE OF FUNERAL SERVICE	GCENSER//	17	1	Servi 22. N	AME AN	D ADDRE	SS OF FA	CILITY	J/ 82	TOWSU		
1	DI Karle C	. VII ste	, V		Rt	ıck	Tows	son 1	Fune	cal Ho	me In	c.	
	22 0407 / 5-1-1 15-1-1-1	July	of c		10	150	Yorl	c Rd	TOT	rson I	Maryl:	and	21204
	23. PART I. Enter the disesses, o shock, or heart fallun	e. List only one cau	it caused the dea ise on each line.	ith. Do r	not enter t	hs mod	is of dy	ing, suci	h ss cen	lisc or respi	ratory srre	st,	Approximats interval Batween
	MMEDIATE CAUSE (Fine)										Onset and Death		
	disease or condition resulting in death)  • CARDIO RESPIRATORY FAILURE												
-	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b. CHRONIC OBSTRUCTIVE LUNG DISEASE												
Z	Sequentisity list conditions.	b. CHRI	DOUCC !	995	TKU	4	VE	10	NG	PIS	EASE	-	
Ĕ	if any, leading to immediate	OUE TO	OR AS A CONSECU	UENCE OF	7:11-	0		FAI	1116	0-			
3	CAUSE (Disesse or injury	c 60100	C)710	<i>C</i>	MA	+14		PHI	201	E			
	that initiated events resulting in desth) LAST	DUE TO	(OR AS A CONSEQ	UENCE OI	<b>ት)</b> :								
CERTIFICATION		d											
2	PART II. Other significant condition	ons contributing to	deeth but not re	sulting	n the und	erlying	CSUSO	alven in	Part I	24a, WAS AN	AUTOBEV	245.16	VERE AUTOPSY FINDINGS
8										PERFOR		1	WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					_				-	1 TYES 2	□ NO		OF DEATH?
												1	YES 2 NO
PHYSICIAN:													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL/	ACE OF D	EATH (Che	ock only or	•)			
YS	1 YES 2 NO	1   Inpetient 2	ER/Outpatient 3	DOA	4 🗆 Nursin	g Home	5 🗆 Re	sidenca	6 🗆 Othe	r (Specify)			
H	27, MANNER OF DEATH	28a. DATE OF (Month, D		26b. TIM	E OF 2	Bc. INJU WOR	RY AT		28d. OES	CRIBE HOW I	JURY OCCU	RED	
BY	1 Neturel 5 Pending 2 Accident Investigation				M		ES 2	NO					
3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, streat, factory, office 28s. LOCATION (Street and Number or Rural Route I)								ste Number,					
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
COMPLET	one) 2 MEDICAL EXAMI	NER: On the besia of a	xamination and/or in	vestigatio	n, In my opi	nion, de	ath occur	red at the	time, date	and place, and	dua to the	cause(a) a	and manner as stated.
	296. SIGNATURE AND TITLE OF CARTIE		1 0			_		ENSE NUM					
BE	1	when It	runel p	in.			7	NOL	191	7	D C	1 2 C	fonth, Day, Year)
0	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CALL	B OF DEATH (ITEM	27) (3	(Period)		1)	07	10	/	7/	20	112
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		- or PENIL (LIEM	eri (rype,	rranj								

d 204 E. Joppa Rd. To 32. REGISTRAN'S SIGNATURE 2 Julie Dunglan Andelle

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South Company of the day

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S	IMPORTANT: If Item 28 is marked, or i	

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIE		10342		
	1. DECEDENT'S NAME (First, Middle, Last)	m	HOWAG N	~~~~		2. DATE OF DEATH	DAY )	3. TIME OF DEATH		
	Thomas Carey  4. SOCIAL SECURITY NUMBER			CAREY		PO	9 9	12 1245P M		
	212-36-0191	XXM 2 F	. AGE (In yrs. last birthday)	MONTHS DAYS	HOURE MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	9e. FACILITY NAME (If not institution, give		52 YRS.	9h CITY TOWN	OR LOCATION OF D	OCT.6,19		MARYLAND		
DIRECTOR	Union Memori		tal		timore		9c. COUNTY	Y OF DEATH		
	MARYLAND 106. COUNT	Y BALTIMORI		Y, TOWN OR LOCAL BAL	TIMORE		10d. INSIDE CITY LIMITS? 1 YES 2X NO			
FUNERAL	100. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
Ä	1202 LAKE FA				21	210		U.S.A.		
B₹	1 Never Married 3 Widowed 4 Divorced	VER IN S.S. ARMED YES 21 NO OR DATES	If yes, sp	ENDENT OF HISPA City Cuban, Maxico 2 NO Specia	NIC ORIGIN? (Specify Yen, Puerto Rican, atc.) /y:	be or No- 14	. RACE — American Indian, Black, Whita, atc. Specify: WHITE			
日日	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME AND ADDRESS OF COME A	ON set of weeking	16b. KIND OF B	USINESS/INDUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use	NESS AI		HEAL	тн са	RE		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide				
BE	T.NELSON CARI	EY				CALLAHA				
10	19a. INFORMANT'S NAME (Type/Print) SARA -MARIE CA				ALLS R	OAD F		^(*) 21210 ORE, MD.		
	20e. METNOR OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE O	F DISPOSITION /No	rme of		OCATION — City			
	4 Donation 5 Other (Specify)		GREEN MT			4/21 BA	LTIMO	RE, MD. 21202		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ParaTI	7	HENRY	W. JE	NKINS AN	D SON	S		
	23. PART i. Enter the diseases, or	complications that co	sused the deeth. Do o	ot enter the mo	YORK R	DAD BA	LTIMO	RE, MD. 21212		
Z	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF:									
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
E	reaulting in death) LAST	d								
0	PART II. Other significent condition	s contributing to de	oth but not requiting in	the west states						
PHYSICIAN: MEDICAL		contributing to de-	eth out not resulting in	the underlying	cause given in		IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
M								1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER?	HOSBITAL:		OTHER:	ACE OF DEATN (Ch					
H	27. MANNER OF DEATH	26a. DATE OF INJ	URY 28b. TIME			6 Other (Specify) 28d. DESCRIBE NOW	IN ILIEN OCCUP			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1	bar) INJU	M 1 Y	RK? ES 2 NO	ZOG. DEŞCHIBE NOW	INJUNY OCCUR	ED		
ETED	3 Suicide 6 Could not be detarmined	building, atc.	JURY — At home, ferm, at (Specify)	reet, factory, office		26f. LOCATION (Street City or Town, State	and Number or F )	itural Floute Number,		
COMPLET	2 MEDICAL EXAMINE	R: On the beels of exemi	knowledge, death occurred institution and/or investigation	d at the time, data , in my opinion, de	and place, and due	to the cause(s) and me time, data and place, a	nner as atisted.	use(e) end manner ee stated.		
O BE	THE MICHAEL AND TITLE OF CERTIFIER	ano			AT - 24	186R 38946	29d. DATE SI	GNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, I	Balto	^	) 0	210			
	31. DATE FILED (Month, Day, Year) / 32. 956(STRAR'S SIGNATULE									
	APR 21 1992	rula Davidson	Marker							

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1.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the size of the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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2	OR A	DIREC	lem
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 22 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
0	100	FUNE	ANT
V	포	THE N	PORT
	2	2	E

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAR			OF HEALTH OF DEA		MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		mahlen	Co	1eman		2. DATE OF DEATH MONTH DAY		YEAR	3. TIME OF DEATH 5:50 A M
4. SOCIAL SECURITY NUMBER	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	GE (In yrs. lest birthday		YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0	. BIRTHE	PLACE (State or Foreign
213-20-5603	1 M 2 XF	75 YRS.	MONTHS	DAYS HOUNS	mire.	1/16/17			Maryland
9a. FACILITY NAME (If not institution, give				OWN OR LOCAT		EATH	9c. COUNT	y of de Ltim	
5550 ASHBOURNE F	COAD		1	Arbutus			Dal	LLIII	1016
10a. STATE 10b. COUNT	тү	10c. C	ITY, TOWN OR	LOCATION					10d. INSIDE CITY
Maryland Ba	ltimore		Arbuti	ıs				_	LIMITS?
10e. STREET AND NUMBER				101, ZIP COI	DE 3C			N OF W	HAT COUNTRY?
5550 Ashbourne F	Road				2	1227	Uı	nite	d States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1	ES XXXNO	H :		en, Mexice	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No — 1	4. RACE Black, Specify	— American Indian, , White, etc. y: White
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 12th grade			's usual occ of work done du use retired.) maker	CUPATION ring most of work	ing	16b. KIND OF BUS	INESS/INDU	STRY	
17. FATHER'S NAME (First, Middle, Lest) Harry Utermahler	1			16. MO	THER'S NA	ME (First, Middle, Maiden : Romelia C		n	
190. INFORMANT'S NAME (Type/Print)  Mr. Frank Lee Co	oleman					Arbutus,		1227	7
20a. METHOD OF DISPOSITION    X Burlel   2   Cremation   3   Rai  4   Donation   6   Other (Specify)	moval from State	20b. PLACE OF DISP other place)					estmi:		er, MD
21. SIGNATURE OF FUNERAL SERVICE I	CENSEE		22. N	AME AND ADDR	ESS OF FA	CILITY			
Josephy	W. Kell	ner	Lor 87	ing Bye	ers F	uneral Hom Road Rand	e allst	own,	, MD 21133
23. PART I. Enter the diseases, or shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CLLS  OUE TO OR  b. DUE TO OR  c.	AS A CONSEQUENCE	on:	Den		}			Approximate Interval Between Onset and Death
PART II. Other significant condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	2 Chil	th but not resultin	g in the und	erlying ceuse	given in	Part I. 24a. WAS AN PERFOR 1 UYES 2	MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF	DEATH (Ch	eck only one)			
1 YES 2 AND	1 Inpetient 2 ER		4 🗆 Nursi	ng Home 5 Q	Beldence	6 Other (Specify)		and the	
27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation		ear)	M	1 YES 2	□ NO	28d. DESCRIBE HOW II	NJURY OCCU	RED	
3 Suicide 8 Could not b	28a. PLACE OF IN building, etc.	JURY — At home, fam (Specify)	n, street, facto	ry, offica		28f. LOCATION (Street a City or Town, State)	and Number o	r Rural A	oute Number,
cool only	SICIAN: To the best of my NER: On the basis of axami								) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	to The			_	CENSE NU		29d. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON		F DEATH (ITEM 27) (7)	rpe, Print)						
31. DATE FILED (Month, Day, Young 1	1992 Sula	SIGNATURE A	ndale.						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGIST STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

92 10944

OENTITIOATE OF BEATH REG. NO.													
	1. DECEDENT'S NAME (First,	Middle, Lest)	B . a /11	TIDA D	COLLE	77				2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX	ILDA R.									
	215-05-26		1 M 2 M F	83	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 1 (Month, Da	28/1909	Country	LACE (State or Foreign ARYLAND
R	90. FACILITY NAME (If not ins SINAI HOSI	ethution, give st PITAL	reet and number)			9b. CITY	96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE  9c. COUNTY OF DEATH						
6	RESIDENCE OF DECEDENT						_						
DIRECTOR	MARYLAND	10b. COUNTY			10c. CIT	TY, TOWN DR LOCATION BALTIMORE					10d. INSIDE CITY LIMITS? 1 YES 2		
	100. STREET AND NUMBER 3505 SEVEN MILE LA.						101	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
焸						21208						USA	1
BY FUNERAL	11. MARITAL STATUS  1 Never Married Married  3 Widowed 4 Divorced					13. WAS DECENDENT OF HISPANIC ORI If yes, specify Cuben, Maxican, Puer 1 ☐ YES 2 ☑ NO Specify:				, Puerto Ricar	ORIGIN? (Specify Yee or No— 14. RACE — Ameri Black, White, a Specify: WH		
	15. DECE	DENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL O	CUPATIO	ON		16b. KIN	D OF BUSINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade completed) (Gillementary/Secondary (0-12) College (1-4 or 5+)					work done ( se retired.) USEW		st of workin	9	10000	AT HOME		
Z	17. FATHER'S NAME (First, Mic	drille ( net)											
BE CO	ISAAC		ROGERS						RAC	CHAEL		KNOWN	1)
10	MR. PAUL A		EN	198	3505	SEV	(Street a	ILE	or Rural Ro		THORE, M		208
	20a. METHOD OF DISPOSITION TO Burlel 2 Cremation 4 Donation 5 Other		val from State	20b. PLACE A cemetery, crea	matory or o	ther placa)				DATE	20c. LOCATION —		
	21. SIGNATURE OF FUNERAL			- I ARLI	NGTO			K AMI		4/20	/92 BA	LTIMO	RE, MD
	The	1 6	5 1	Lever	A		SOL	LEV	INSON	W & BR	OS., INC		MD 21215
	IMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert Tellure. L	. Pr	COR AS A CONSEC	mi	a						•	Approximata Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
EH	resulting in death) LAST												
	PART II. Other algorifican	t conditions	contributing to	death but not n	sulting	n the un	derivino	cause o	iven in P	ert i 24a	. WAS AN AUTOPSY	24b V	VERE AUTOPSY FINDINGS
EDICAL						witing in the underlying cause given in Par					PERFORMED?	1 6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
>									_	-		1	TYES 2 NO
3	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE DF DE	ATH (Chec	k only one)			
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER		5 🗆 Res	sidence 6	☐ Other (Spi	nc/fv)		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 P	ending	28a. DATE OF (Month, D		28b. TIM	-	28c. INJI WO	JRY AT			BE HOW INJURY OC	CURED	
ED BY	3 Suicide 6 C	ould not be	28e. PLACE O building,	F INJURY — At horetc. (Specify)	ne, ferm, s	street, lecto	ory, office			28f. LOCATION City or Tox	N (Street end Number vn, State)	or Rural Roo	ute Number,
9 H	29a. CERTIFIER							_					
COMPLETED	(Check only										and manner se stat place, and due to th		and manner as stated.
BE	ALT EVEL	CERTIFIER	appo	in il	nD			29c, LICE	NSE NUMB	DER	29d, DAT	E SIONED (A	Aonth, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE DF DEATH (ITEM	27) (Type,	Print)		VIX.	nit	0 0	+ R	11	1,000,00
	APR 21 19		32. REGISTRA	R'S SIGNATURE	2	V(III)		.05	- 1	010	1 No		
	-111	- 4		200	-								



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BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	moval.	cal examiner must be notified at once.
	STHOUTS	tion, or re	the med
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNEKAL DIRECTOR. Alter this ceruinder has been appred by the according process and compressly men in by the specified within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO										
	1. DECEDENT'S NAME (First, Middle, Last)  TOSCIL, M. M.	DOSEPHIN	E.M. DOHM	IANN		11 1	AV YE	Innsylvania  DEATH Ore  10d. INSIDE CITY LIMITE? 1 YES 2 NO WHAT COUNTRY? A.  CE — American Indian, ck, White, etc. Interval Between Onset and Death Interval Between Onset and Death Insurable  (Insurable Insurable	4. SOCIAL SECURITY NUMBER 171-50-6176		(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH 10-5-1898	8. B	HRTHPLACE (State or Foreign Journal) Pennsylvania
	9a. FACILITY NAME (If not institution, give str	set and number)		9b. CITY, TOW	N OR LOCATION OF D	EATH	Sc. COUNTY	4								
TOR	Dulaney Towson Residence of Decement	Nursing Home	9	Towso	n		Balti	more								
A.	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?								
ō	Maryland Baltin	more		Towson												
FUNERAL DIRECTOR	10s. STREET AND NUMBER 25 Lambourne Ct				21204		1	of what country?								
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR (	2 NO	If yea,		NIC ORIGIN? (Specify Years, Puerto Rican, etc.) ly:		RACE — American Indian, Black, White, etc. Specify: 7hite								
9	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUP	TION most of working	16b. KIND OF BU	SINESS/INDUST	RY								
COMPLETED	Elementary/Secondary (0-12) 10 yrs	College (1-4 or 5+)	Housev	work done during se retired.) Vife	most of working	Own	Home									
CO	17. FATHER'S NAME (First, Middle, Lest) Harry Ga	briel			Joseph	AME (First, Middle, Melden		ffman								
TO BE	19a. INFORMANT'S NAME (Type/Print) Dorothy Janis				et and Number or Flural	Route Number, City or Tow on, Md. 21		(b)								
	20a, METHOD OF DISPOSITION				cemetery, crematory or											
	123 Burial 2 Cremetion 3 Remo	uni dunus Canto	other olecel			ens4-20 Ti										
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	/		AND ADDRESS OF F	<b>KCUTY</b> Funeral Ho	mo Inc									
	the a	111				. Towson,										
	23. PART I. Enter the diseases, or cashock, or heart feliure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only one cause on		Maul	mode of dying, su	and ag an	iratory arreat,	Interval Between								
NO	Sequentially list conditions,	1-h-	A CONSEQUENCE O	enteli												
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Cliron	in com	exus?	ent fa	hom		6 months								
EDICAL CERTIFICATION	that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  4. HASCAP  DUE TO (OR AS A CONSEQUENCE OF):							35 yrs.								
2	PART II. Other aignificent conditions	contributing to death	but not resulting	In the Underl	ring cause given in	Part I. 24s. WAS AI		24b. WERE AUTOPSY FINDINGS								
8		thungoing	les			PERFO	RMED?	COMPLETION OF CAUSE								
MED			8													
ä																
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)										
IXSI	1 TYES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Ou		4 Mursing	Iome 5 - Residence	6 Other (Specify)										
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	286. IN		INJURY AT WORK? YES 2 NO	286. DESCRIBE HOW	INJUNY OCCUR	EU								
E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	tY — At home, farm, ecify)	street, factory, o	ffice	28f. LOCATION (Street City or Town, State		Rural Route Number,								
COMPLET	and any	CIAN: To the best of my kno						ruse(a) and manner as stated.								
ш	296. SIGNATURE AND TITUEOF CERTIFIER				29c, LICENSE NO			GNED (Month, Day, Year)								
TO B	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF E	EATH (ITEM 27) (3m	a, Print)	DOM	82	1 41	116192								
	780, Uyull				46											
	31. DATE FILED (Month, Day, Year)	32. REGISTRAP'S SIG	Davids R	indett												
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DIVISION	

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TO BE COMPLETED BY FUNERAL DIRECTOR			TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	EDICAL CEI	ICIAN: MI	ED BY PHYS	PLET	COM	) BE	7	
narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical	event, the r	r other traumatic	rs any Injury, o	Item 23 show	P 1	APORTANT: If item 28 is	TANT	MPOR	=	- 1
fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 seath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in by th	ompletely filled I, cremation, of	Ler this certificate has been signed by the attending physician and completely filled in by the fath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	igned by the atten	cate has been state Dept. of H	TOR: After this certifi	THE FUNERAL DIRECTOR: /	THE FUNERAL filed within 72	O THE	- 0	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ours after	d within 24 h	certificate be execute	res that the death	I: The law requi	TENDING PHYSICIAN	IL OR AT	HOSPITA	O THE	-	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	11201011011				CLHIII	ICAIL	UF	DEA	111	F	REG. NO			
	1. DECEDENT'S NAME (First) RICHARI		Richar	d I.	Doak					2. DATE OF MONTH	D		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY HUME		5. SEX							04	17	1	992	11:44 p.m.
	164-18-1198	en .	1 M 2 F	71	yrs. last birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, De 09-1)	BIRTH By. 76er) 3-192	20	Count	HPLACE (State or Foreign Try) ISylvania
	9a. FACILITY HAME (If not in	stitution, give st	reet and number)			9b. CITY,	TOWN (	R LOCATIO	OH OF DE	ATH		9c. COU	NTY OF E	-
DIRECTOR	THE JOHNS	S HOPK	INS HOSP	ITAL				ORE					N/A	
וו	10a, STATE	10b. COUNTY			40-047	W 200101 01								
					10c. CI1	Y, TOWN OF	R LOCA	ЮН						10d. INSIDE CITY LIMITS?
	Maryland	Harf	ord		Whi	te Ha	all							1 YES 2 NO
LINE	10e. STREET AND NUMBER						101	. ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUHTRY?
	2731 Troyer	Road					2	21161				U.S	. A .	
5	11. MARITAL STATUS		12. WAS DECEDEN			13. W	AS DEC	EHDEHT O	F HISPAN	IC ORIGIN? (S	pecify Yes			E American Indian,
-	1 Never Married 2 🔀		FORCES? 1			16	yes, sp	ecify Cuba	n, Mexican	, Puerto Rica	n, etc.)		Black	k, White, atc.
0	3 Widowed 4 Divo	rced	11 100, 0112	WIN ON DATE		'	TES	2 X HO	Specify:			- 1	Whi	to
3	15. DEC	EDENT'S EDUC	ATION	18	a. DECEDENT'S	USUAL OC	CLIPATIO	NA .		T teh Mil	D OF BUI	I SIHESS/INE		
	(Specify only Elementary/Secondary (0	highest grade			(Give kind of v	work done di	uring mo	st of workin	g	0.1		of Ed		ion
	Clemental y/Secondary (o		Years		Adminis	+200+0	2					re C		TOU
	17. FATHER'S NAME (First, M.		ICALS		ACHILLI II S	Llau	)T						TLY	
5	Olney B. Do									ME (First, Midd	le, Maiden	Sumame)		
3 1									y A.					
	19a. IHFORMANT'S HAME (7)									oute Number, (				
	Mary Rita Do	oak			2731	Troye	er F	bad,	Whi	te Hal	1, N	aryl	and	21161
	20a. METHOD OF DISPOSITI	ON n 3 🗆 Reme	wal Irom State	20b. PL	ACEAHDDATE	OF DISPOSIT	TIOH/Na	me of		DATE		CATION -		
	4 ☐ Donation 5 ☐ Other	(Specify)		St.	Mary or or	ther place) S Cen	nete	rv		4/22	Pvl	estri	116	Maryland
	21 SIGNATURE OF FUNERAL	SERVICE LIC	EHSEL	0				D ADDRES	S OF FAC		- / -		110,	PALYLARA
	V10	1	1	1)	~	Joh	n C	. Mi	ller	, Inc.				
		-0	· hy	155	_	641	.5 B	elai	r Roa	ad, Ba	ltin	pre,	Mar	yland 21206
	23. PART I, Enter the di	seases, or o	omplications (rie	t caused th	a death. Do n	Dt anter t	ha mo	de of dyl	ng, auch	as cardiac	or reapi	retory an	rest,	Approximate
- 11	IMMEDIATE CAUSE (Fin		ant Dnly Dne cau	iae Dh'each	ilne.									Interval Between Onset and Death
Ш	disease or condition		C0.	ndid	0	Cort	10		. 1	1000	1			Chiset and Death
H	reaulting in death)	7			INSEQUENCE OF	RU	101	1 11	1 K	20010	1			20 days
. 1		_	Δ		ryelo	,-		10	6 .	enci				17/2
	Sequentially list condition	ona, b	DUE TO		INSEQUENCE OF			10	UNE	mu	λ			212415
	if any, leading to immed cause. Enter UNDERLY!	NG		11										
	CAUSE (Disease or injust that initiated events	ry s		(OR AS A CO	INSEQUENCE OF	n:				-				
	reaulting in death) LAST				X CT CE CHILD CO	,								j
			•											
	PART II. Other algolficat	nt conditions	contributing to	death but	not resulting i	n the und	arlying	cause g	iven in P	Part I. 24e	. WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
											PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										10	YES 2	X NO		OF DEATH?
										_				1 TYES 2 HO
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF DE	ATN (Chec	ck only one)				
	1 TES 2 NO		1 Dippetlant 2	ER/Outpetie	m 3 DOA	OTHER:		5 🗆 Rat	aldence 8	Other (Sp.	ecify)			
	27. MAHHER OF DEATH		28a. DATE OF (Month, Di		28b, TIMI		8c. INJI			28d. DESCRIE	BE HOW IN	JURY OCC	CURED	
		Pending nvestigation	(Workin, D.	my, reary	INJI	M	t Y	ES 2	NO					
	2 Devlates		28a. PLACE O	F IHJURY —	At home, farm, a	treet, factor	v. office		-	28f. LOCATIO	N /Street e	nd Number	or Burnt S	Poute Number
		Could not be latermined	building,	etc. (Specify)						City or To	wn, State)	id Homber	OI FIDE IT	tono mamoo,
	29e. CERTIFIER					-	_							
	(Check only		IAN: To the best of											
	2 MEDIO	CAL EXAMINER	On the beals of a	amination an	d/or investigation	n, in my opi	nion, de	eth occure	d at the ti	ime, date end	place, end	due to th	e cause(s	) end manner as stated,
	296. SIGNATURE AND TITLE	OF CERTIFIER	2					29c. LICE	NSE NUME	BER	Т	29d. DATE	SIGNED	(Month, Day, Year)
	Nivero	~ to	Navo		and		- 1	T	196	57		D L	11:	7192
1	30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	Print)		<u> </u>	1 (				. 1 ,,	.     -
- (1					1 (	/			_					
	MILLOLA	ZOA	NO 1	000	1111	lal Co	(	1	2ni	- A	000	A A	1 -	21201-
	NICOLA	BRA	VO (	000		olle	_ S	+.1	Bal	time	ore	M	D 7	21205
	31. DATE FILED (Month, Day, Y	BRA 92	32. REGISTRA			ol le	_ S	+.	Bal	tim	ore	M	Do	21205

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. B	E.	The State of the attending phy.
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	100	44

	REGISTRAR  1. DECEOENT'S NAME (First, Middle, Last)		CEI	RTIFICAT	E OF	DEATH	2. DATE OF	REG. NO.		
		ALFRED	W. D	ILL			APRIL	18, DAY	92 YEAR	3. TIME OF DEATH 11:25 A.
	4. SOCIAL SECURITY NUMBER 214-12-8019	1 💢 🧎 2 🗆 F	GE (In yrs. lest b	YRS. IF UNDE	DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreign
OR	9a. FACILITY NAME (II not institution, give a 1920 ROLLING GLEN					OR LOCATION OF OR ONSVILLE	EATH		BALTIM	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MARYLAND  BAL	TIMORE		CATON						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	1920 ROLLING GLE	N ROAD			10	1. ZIP CODE 21228		1000	U.S.A.	WHAT COUNTRY?
0	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1X X Y IF YES, GIVE WAR O WW II	ER IN U.S. ARME (ES 2 NO IR DATES	110	If yes, sp	CENDENT OF HISPAP Hecity Cuban, Mexica XX NO Specify	n, Puerto Rica			E — American Indian, k, Whita, atc.
	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give	OENT'S USUAL O kind of work done o NOT use retired.)	during mo	ost of working		ND OF BUSINES	SS/INDUSTRY	
	12 17. FATHER'S NAME (First, Middle, Last)		SHE	ET META	L CO	NTRACTOR  18. MOTHER'S NA	ME (First, Midd			NG
20 01	ALFRED W. DILL,	SR.	19b. A	IAILING ADDRES	S (Street a	MAUD and Number or Rural I	E A. L		ite. Zip Code)	
	ETHEL GRAHAM	(SISTER)	5	608 TRA	MORE	ROAD, BA	LTIMOR	E, MD.	21214	
	1 Notice   2   Cremation   3   Rem			DATE OF OISPOS PACE OF OTHER DIRECT WN CEME			/22/92		ON — City or To	own, Stata MARYLAND
TION	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Car-	AS A COMSEQUE	NCE OF):	Dung	7				interval Betwee
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A COMSEQUE	NCE OF):						
MEDICAL	PART II. Other algorificent condition  Arteriosa  Choose	1 3- 11		illing in the ur		g cause given in		YES 2		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 HO	HOSPITAL: 1   Inpatient 2   ER/0	Outpatient 3 🗆	DOA 4 Num	₹:	ACE OF DEATH (Che		ecify)		
12 Netural 5 Pending						RK?	26d. DESCRIE	BE HOW INJURY	Y OCCURED	
		I 20 DI ACE OF IN H	JRY - At home,	form, street, fact	ory office		28f. LOCATIO	11 10000 1 - 1 4 11	imber or Rural F	
ED BY	3 Suicide 6 Could not be detarmined	building, etc. (5	Specify)				City or To	wn, State)		Route Number,
B	3 Suicide 4 Homicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	building, etc. (S CIAN: To the best of my kn R: On the basis of exemine	Specify)	occurred at the ti	me, dats	and place, and due	City or To	wn, State) ) and menner a	s stated.	

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E TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be seen of the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
viiddie, Last)		2. DATE OF OEATH	

FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH A						
1. DECEDENT'S NAME (First, Middle,	Last)			2. DATE OF OEATH		3. TIME OF DEATH			
MARGARET	R. DILLO	W		APRIL 17	1992 YEAR	3:51 P. W			
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR   IF UNDER 24	HRS. 7. DATE OF BIRTH	a, Bit	RTNPLACE (State or Foreign			
212-09-8342 9s. FACILITY NAME (If not institution,	1 M 3/17 F 8	3 YRS.	ONTHS DAYS HOURS  Ob. CITY, TOWN OR LOCATION	JULY 11,		ARYLAND			
UNION MEMORIAL RESIDENCE OF DECEDEN 106. STATE 106. CO	HOSPITAL		BALTIMORE	OF OLAITI		-			
I 106. STATE 106. CO		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY			
MARYLAND	BALTIMORE	BA	ALTIMORE			LIMITS?			
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
6035 BALTIMORE	STREET		2120	7	,	J.S.A.			
100. STREET AND NUMBER 6035 BALTIMORE 11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify Y	es or No- 14. R	ACE — American Indian.			
1 Never Married 2 Merried 3 Widowed XX Divorced	FORCES? 1 TYES		1 YES ZO NO	Mexican, Puerto Rican, etc.)  Specify:		lack, White, etc.			
			1			WHITE			
Specify only highest  Elemantary/Secondary (0-12)  6  17. FATHER'S NAME (First, Middle, Last	grade completed)	16e. DECEDENT'S U (Give kind of wo	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF B	USINESS/INDUSTRY	Y			
Elemantary/Secondary (0-12)	College (1-4 or 5+)		retired.)						
17. FATHER'S NAME (First, Middle, Las		CLERK		RAILE					
	y		1	R'S NAME (First, Middle, Meide	n Surname)				
19. INFORMANT'S NAME (Tros/Print)		Lank MANUNIO A		HERINE					
2 JUANITA SUNNEL			ODRESS (Street and Number or						
		b. PLACE AND DATE OF	BALTIMORE ST						
20a METHOD OF OISPOSITION  1 X Sourisi 2 Cremetion 3   4 Donation 5 Other (Specify)	Removal from State		CEMETERY	4/20/92 BA	OCATION City or				
21. SIGNATURE OF FUNCTIAL BETWEE		OUDON TAKE	22. NAME AND ADDRESS		ALT IMORE	, MAKILAND			
1	) %			ineral Home					
	escologi	ee	1630 Edmo	ondson Ave.	Catonsvi	lle, MD 2122			
23. PART i. Entar the diseesea ahock, or heart fell	, or complications that cause ura. List only one cause on	ed the death. Do no	t enter the mode of dying	, such as cerdiac or res	piratory arrest,	Approximata Interval Between			
IMMEDIATE CAUSE (Final						Onset and Daati			
disease or condition resulting in death)	SEP!	3.7				1825			
	DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions.	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):								
if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):								
CAUSE (Disease or Injury									
resulting in death) LAST	a 18 chemi	(	0 10	-1		į			
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PART II. Other aignificant cond			the undarlying cause giv	en in Part I. 24a. WAS A	N AUTOPSY 2	24b. WERE AUTOPSY FINDINGS			
	-A - VAGI	JA(		1 _ YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
CALC DIA					7	1 TYES 2 NO			
ž									
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN			26. PLACE OF DEA	TN (Check only one)					
U 1 □ YES 2 NO	HOSPITAL:		OTHER:	lence 5 🗆 Other (Specify)					
27. MANNER OF GEATN	26s. OATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJURY AT WORK?	28d, DESCRIBE NOW	INJURY OCCUREO				
Natural 5 Pending  Accident Investige			M 1 YES 2	10					
3 Suicide 4 Nomicide Centrifue Check only One 2 Medical EXA	building, etc. (Sp.	Y — At home, ferm, atrectly)	eat, factory, offics	261. LOCATION (Stree City or Town, State	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
29s. CERTIFIER COMMISSION	ANYONANI, To sha hara at a star		/IN the second		UEG (HEATO)				
(Check only one) 2 MEDICAL EXA	PNYSICIAN: To the best of my know					ole) and manner or state 4			
8									
296. SIGNATURE AND TITLE OF CER	Harring Harring		29c. LICENS	SE NUMBER	29d. DATE SIGN	IED (Month, Day, Year)			
212	Col Son	CATH MECHANIC	DZY	116	41	1-16			
0	Scala MS	EATH (ITEM 27) (Type, P	o E. Bal	moir St.					
31. DATE FILED (Month, Day, Year)	P d 32 MEGISTINATES	Williams				<del></del>			
APR 2 1 1992	amen company								

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the attending physician and completely fille Mental Hyglene prior to burial, cremation, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crematifiem 28 is marked, or item 23 shows any injury, or other traumatic event, it

DIVISION OF VITAL RECORDS,

92 10949 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1_DECEDENT'S, NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH a 11:25 Sr. M. Pauline Doonan, R.S.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State or Foreign Country) MD th, Day, Year) oni. 542866 86 DAYS HOURS 1 M 2 VOS Se. FACILITY NAME (If not institution, give street and number) 9c COUNTY OF DEATH 9h CITY TOWN OR LOCATION OF DEATH The Villa Baltimore DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6806 Bellona Avenue 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 X Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 165 KING OF BUSINESS/INDUSTRY (Specify only highest grade comple Ne kind of work done duning income to not use redired.)
Religious Sister Elementary/Secondary (0-12) College (1-4 or 5+) Catholic Church 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Michael Joseph Doonan Catherine Carry BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Sr. M. Brian Anderson 6806 Bellona Avenue 21212 20e METHOD OF DISPOSITION
1 & Burlei 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State of cemetary, crematory Woodlawn 4 Donation 5 Other (Specify) Cemetery Baltimore. 21, SIGNATURE OF FUNDRAL SERVICE DICES 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral al Home, 21228 Inc. Mro 11 736 Edmondson Avenue 23. PART I. Entar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition tastatic Carcinoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS carcinoma,, COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO PHYSICIAN:

atheroscle	otic cardlo	vascular disease
WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (Check only one)
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA	OTHER: 4   Nursing Home 5   Residence 6   Other (Specify)

28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner se stated. 29d. DATE SIGNED (Morgh, Day, Year)

4/19/92 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

28c, INJURY AT WORK?

1 YES 2 NO

D2639

28d. OEȘCRIBE HOW INJURY OCCUREO

28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

ane ea 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month, Day, Year)

27. MANNER OF DEATH

1 Netural

2 Accident

3 Suicide

4 Homicide

BY

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2

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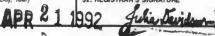
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IMPORTANT: I

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5 Pending Investigation

6 Could not be

32. REGISTRAR'S SIGNATURE



26e. DATE OF INJURY (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEPA	RTMENT OF			YGIENE	92 10950
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	TCATE O	DEATH	2. DATE OF D	EATH	3. TIME OF DEATH
	RENA		1	ELMORE		MONTH () 4	18	92 3:41 F
	4. SOCIAL SECURITY NUMBER 219-10-8393	5. SEX 1  M 2  F	6. AGE (In yrs. leet birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day) 12-6-	RTH Year)	BIRTHPLACE (State or Foreign Country)  MD
OB	96. FACILITY NAME (If not institution, give a UNION MEMORIAL) H			BALTIMO	OR LOCATION OF I	DEATH	9c. COU	INTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y		TY, TOWN OR LOC				10d, INSIDE CITY LIMITS? 1 (X) YES 2   NO
FUNERAL	100. STREET AND NUMBER 436 N. ILCHESTER	RAVENUE			01. ZIP CODE 21218			IZEN OF WHAT COUNTRY?  J. S. A.
B	11. MARITAL STATUS 1) Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2 NO MAR OR DATES	If yes,	CENDENT OF HISPA specify Cuban, Mexic is 2/17 NO Spec	en, Puerto Ricen,	ecify Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5	(Give kind of	B USUAL OCCUPA work done during i use retired.)		16b. KINE	OF BUSINESS/INC	DUSTRY
BE CO	17. FATHER'S NAME (First, Middle, Lest) WILLIAM ELMORE				AUGUSTA	LAWSON		
5	190. INFORMANT'S NAME (Type/Print) NAOMI WAGSTAFF		195. MAILIN 1512	N. LINV	and Number or Rura 100D AVE.	/ BALTIM	ty or Nown, State, Zip IORE, MD	21213
	26s. METHOD OF DISPOSITION 1 X District 2 Commation 3 Rem 4 Donatton 9 Other (Specify)		20b. PLACE AND DATE COMPLETY OF VOSHELL			DATE	DUNDALK,	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	l Li	XHHA	WM.C.	MARCH F.	H./1101		
	23. PART T. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Hy Dov	t caused the dasth. Do se on each lins.  Con AS A CONSEQUENCE (OR AS A CONSEQUENCE (		ode of dying, su			intervsi Bstwee
NOIL	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEQUENCE (			· · · · · · · · · · · · · · · · · · ·	0)	3200
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO	(OR AS A CONSEQUENCE (	DF):			11	
8								
N: MEDICAL	PART II. Other algnificant condition	s contributing to	death but not resulting	in the underlyl	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 279NO	24b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)		
1YS	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2X	ER/Outpatient 3 DOA	4 - Nursing Ho	me 5 Rasidence			
ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay; Ybar) IN	M 1	JURY AT ORK? YES 2 NO		E HOW INJURY OC	
ETED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At home, farm, etc. (Specify)	street, factory, of	ica .	28f. LOCATION City or Tow	I (Street and Number m, State)	r or Rural Route Number,
COMPLET			my knowledge, death occur remination and/or investigati					ted. he couse(s) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CENTERIA	De			O.C.M.			E SIONED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O CÓMPLETED CAUS	SE OF DEATH (ITEM 27) (Typ) 111 1		EET,BALT	IMORE,M	ARYLAND	21201
	APR 21 1992	Pla AA	R'S SIGNATURE					



SERVICE IN THE PROPERTY.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	DRECTOR: After this certificate has been signed by the aftending physician and completely filled in hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or	item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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Item: 9c per F.H. G-702 8/24/93 reb FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY HARRY ENTEN APRIL 17, 1992 8:50 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign 1 M 2 D F YRS. 212-03-8641 4-1-1915 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LONG GREEN NURSING HOME BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND. BALTIMORE 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3616 PATTERSON AVE 21207 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY WHITE 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4 AGENT INSURANCE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at **ISADORE** ENTEN BE SARAH **GOLDBERG** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. EDITH ENTEN 3616 PATTERSON AVE. BALTIMORE, MD 21207 2 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must ADATH ISRAET. 4-20 BALTIMORE, MD ETH ISAAC 11 SIGNATURE OF FUNERAL SERVICE LICENS examiner SOL LEVINSON & BROS., INC 6010 REISTERSTOWN RD., BALTO., MD medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. interval Betwe Onset and Death IMMEDIATE CAUSE (Figur the disease or condition resulting in death) Uspiration | DUE TO (OR AS A CONSEQUENCE OF): event, lioblastoma traumatic CERTIFICATION Sequentially tlat conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST Injury, or PART it. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part t. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS been signed by or, of Health and 3 shows any 1 MAR ARLE PRIOR TO malnutrition COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 _ YES 2 _ NO has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 8 Pending Investigation 1 Netural 1 YES 2 NO BY 2 Accident 28s. PLACE OF (NJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 6 Could not be determined COMPLETED 4 🔲 Homicide 28 item 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATUSE AND TITLE OF CENTIFIER DA8987 29d. DATE SIGNED (Month, Day, Year) BE ► 4-20-92

THE HOSPITAL O THE FUNERAL D filed within 72 ho =

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31. DATE FILED (Month, Day, Year)

APR 21 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BLVD

232. REGISTRAR'S SIGNATURE ha Davidson

BA UTO

MD

21239

LOCH RAVEN

CARL SPERLING, M.D.

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

1 - YES 2 - NO

White

Interval Retween

Onset and Death

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 DATO

29d. DATE SIGNED (Month, Day, Year)

4/20/92

Balto. Md

ALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

Specify:

9c. COUNTY OF DEATH

U.S.A.

20c. LOCATION - City or Town, State

6415 BElair Road

Baltimore, Md

16b. KIND OF BUSINESS/INDUSTRY

24a. WAS AN AUTOPSY

1 YES 242 NO

6:50 A.

1. DECEDENT'S NAME (First, Middle, La. 2. DATE OF DEATH RIESNER 8. AGE (In yrs. lest birthday)

YRS. IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIFTH (Month, Day, Year 212-30-4324 DAYS 1 M 2 F permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH JOSE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWH OR LOCATION Md. Baltimore Towson 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE use as the burial-transit Cardinal Shehan Center 21204 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORION? (Specify Yea or No-If was anaethy Cuber, Marican, Puerto Rican, etc.)

14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married Il yes, specify Cuban, Maxican, Puerto Ri 1 TES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) funeral director, page 5 should be detached for College (1-4 or 5+) 5th Grade Home Maker Duce. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Wieners BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John J. Friesner Jr. 4011 Lyndale Avenue Baltimore Maryland-21213 2 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must ry, crematory or other place)
Holy REdeemer CEmetery 4-23 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY alplien John C. Miller, Inc. Baltimore, Md. -21206 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition the DUE TO (OR AS A CONSCOUENCE OF): OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Injury, DIVISION OF VITAL RECORDS, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL this certificate has been signed by the with the State Dept. of Health and Inked, or Item 23 shows any in PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 TES 2 40 Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural 5 Pending L DIRECTOR: After the Phours after death w 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Flural Floure Number, City or Town, State) 28e. PLACE OF INJURY — Al home, larm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner so attend. TO THE HOSPITAL OF TO THE FUNERAL DID BE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE dave offer Commole ligganos 241284

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

ST. VOSEPA

CAPARAOS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1-14-1905

FOR STATE REGISTRAR

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RAYMONDO

31. DATE FILED (Month, Day, 16er)
APR 2 1 1992

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

9 Z .05 1 5 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Dey, Year) 7/25/1917 248-05-4862 1 0 M 2 | F South Carolina i by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should removal. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Liberty Medical Center Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore City YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1645 Ruxton Ave 21216 USA nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? XYES 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Negro WWII COMPLETED 15. DECEOENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementery/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) to Myrtle Hill Elbert Garrison BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Lillian Garrison 1645 Ruxton Ave BAlto, Md. 21216 be 20e. METHOO OF DISPOSITION 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 200. METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Garrison Forest Veterans Balto County, MD. examiner NATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Joseph L. Russ Funeral Home 2 2222 West North Ave Balto, Md 21216 medicai 22. PART | Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart fellure. List only one cause on each line. filled in by t Approximete Interval Between Onset and Death IMMEDIATE CAUSE (Finel the cremation, disesse or condition Cardio respers resulting in desth) HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, DUE TO (OR AS A CO 3 has been signed by the attending physician and con Dept. of Health and Mental Hygiene prior to burlal. 1.23 shows any Injury, or other traumatic en Stal CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initisted events DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 THO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? this certificate har with the State D 26. PLACE OF DEATH (Check only one) tem OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF GEATH DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED marked, 28b. TIME OF 28c. INJURY AT WORK? 5 Pending Investigation Natural M 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide THE HOSPITAL DR ATTENDIN THE FUNERAL DIRECTOR: Af if filed within 72 hours after de 28 is I 6 Could not be determined 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. IMPORTANT: IL 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. BE 29d. DATE SIGNED (Month, Day, Year) Hice -19-9 House . 17424 4 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (PIPO PRINT) JACK SOLIMAN Juka Davidson Months DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	/ DEPARTMENT				MENTAL	HYG	IENI
		ERTIFICATE	: O	F DEAT	ГН		DEO	110

	FOR 1 • STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HI	EALTH AND	MENTAL HYGIEN	IE	10954
	1. DECEDENT'S NAME (First, Middle, Last	1)				2. DATE OF DEATH		3. TIME OF DEATH
	PAUL M. GORI	MAN				APRIL 16		6:20 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 8	BIRTHPLACE (State or Foreign
	215-38-8862		80 YRS.	NONTHS DAYS	HOURS MIN.	DEC. 15,		ISSOURI
~	9a. FACILITY NAME (If not institution, give		1	9b. CITY, TOWN OF	R LOCATION OF D		9c. COUNTY	
DIRECTOR	7915 REDSTONE I	ROAD		KINGS	VILLE		BAL	TIMORE
RE	10e. STATE 10b. COUN		10c. CITY,	TOWN OR LOCATIO				10d. INSIDE CITY LIMITS?
		ALTIMORE		KINGSVI	ILLE			1 TES 2 NO
FUNERAL	100. STREET AND NUMBER 7915 REDSTONE I	POAD		101,	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER II	III O ABMED		21087			S.A.
	1 Never Merried 2 Merried	FORCES? 1 X YES	2 NO	If yes, spec	offy Cuban, Maxic	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	8 or No- 14.	RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	" TES, GIVE WAR ON DI	WW II	1 L YES	2 K NO Speci	ly:		Specify: WHITE
回	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S US	SUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12) NA	Coilege (1-4 or 5+)	ille. Do NOT use i	retired.)	- Tronsing	TT TO CONT		Mark
NE NE	17. FATHER'S NAME (First, Middle, Last)	NA	SALESMA	IN .			RONIC S'	TORE
	WILLIAM H. GORN	MAN				AME (First, Middle, Malden	,	
BE	19a. INFORMANT'S NAME (Type/Print)	. LUI	TOP MAIL INC AL	DDDGGG (Creek		Route Number, City or Tow		
5	MADELINE C. GORN	MAN (WIFE)				KINGSVILLE		
	20g, METHOD OF DISPOSITION	206	PLACEANDDATEOF				CATION — City	
	1 XBuriet 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	moval from State cem	ARDENS OF	er place)		3		. MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	ILDENO OI	22. NAME AND	ADDRESS OF FA	CILITY		, PIAKTLAND
	11-1	///		SCHIM	JNEK FUN	TERAL HOMES	, INC.	- 01004
	23. PART I. Enter the diseases, or	complications that caused	the death. Do not	t enter the mod	e of dylng au	D., BALTIN	IURE, M	D 21236
7	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.  DUE TO (OR AS A	shute (consequence of):	Ca (	Meh	state	)	Interval Botween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to death be	ut not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 MA
Y Y	25. WAS CASE REFERRED TO MEDICAL			20 Pl 4	OF DE DEATH OF			
	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpo		THER:	CE DF DEATH (Ch			
H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME C			6 Other (Specify) 28d. DESCRIBE HOW I	HILDA OCCUBE	0
BY P	5 Pending Investigation	(Month, Day, Year)	INJUR	WOR!			NOON OCCORE	
	3 Suicide S Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, term, stre			281. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYS 2 MEDICAL EXAMINI	SICIAN: To the best of my knowle ER: On the besis of examination	edge, death occurred a	at the time, data as	nd place, and due	to the cause(a) and mar	oner se stated.	rse(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE				Pec. LICENSE NUI			NED (Worth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE						- //-	1
	DR. MYO THANT, 9	101 FRANKLIN	SQUARE DE	R., BALT	IMORE,	MD 21237	1	157
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					
	APR 21 1992	Lie Savidson	Jandelle.					

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Pages 1, 2, 3 should

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n by the funeral director, page 5 should be removal.

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, DIRECTOR: After the hours after death w

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TO THE FUNETA TO THE FUNETA De filed within 72 IMPORTANT: II

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92 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH William SR YEAR 92 7. DATE OF BIRTH
(Mgrth, Dey, Year)
2 - T = 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR BIRTHPLACE (State or Foreign Country) 705-10-952 1 M 2 F the street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH 809 N. LAKewoodAve BALF DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY ma BAHO 1 VES 2 NO FUNERAL 10a, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3033 F. Federal SA 212/3 45 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 10 Specify: 14. RACE -Black, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ore 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Relised 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) George 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, PARRIC 20a. METHOD OF DISPOSITION
1 □ Borial 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION netery, crematory of other place) 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1400re 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Daath disease or condition resulting in death) respire - 4te DUE TO (OR AS A CONSEQUENCE OF): rmin=L P CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO TOPI AS A CONSEQUENCE OF): that initiated events resulting in death) LAST (L 0005000 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 X DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Chack only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

MD

29c. LICENSE NUMBER

D 24303

21221222

29d. DATE SIGNED (Month, Day, Year)

201

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) uhar 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Savidson

DHMH-18 Rev 1/89

-145 E Patrick

ARKELOW, SEPTEMBER

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attention of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wind in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DINISIC	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: J	IMPORTANT: If Item 28 Is

1 - STATE REGISTRAR		SIAIE UF I				F DEATH	MENTAL HYGIEN REG. NO	Ε	92 1095
1. DECEDENT'S NAME (First,			-				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
HAPKCA.	1-6A	MEY	Hanora	a F. G	anley			3 92	11:45A M
4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YE	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	HTHPLACE (State or Foreign
217-56-8	053	1 - M 2 F	87	YRS.	MONTHS DA	TS HOURS MIN.	(Month, Day, Year) 02-25-190		alto. Md.
9a. FACILITY NAME (If not in	stitution, give at	reet and number)			9h, CITY, TO	VN OR LOCATION OF D		9c. COUNTY O	
			1-41						
BON SEC RESIDENCE OF DEC 100. STATE		17037	( / // 6		Dall	imore Cit	У	N/I	A A
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR L	CATION			10d, INSIDE CITY
mo	N/A				Ralti	more City			LIMITS?
	LINCO	CH COM	DICERC	TEL	Daru	10t. ZIP CDDE		100 CITIZEN C	OF WHAT COUNTRY?
No.		twoot				2122	3		
1217 W. Fay	erre s	12. WAS DECEOE	T 22420 (0.11 0					U.S.A	
1 Never Married 2	Married	FORCES?	YES 2 D				NIC DRIGIN? (Specify Yes an, Puerto Rican, etc.)	or No- 14. H	ACE — American Indian, Hack, White, etc.
3 Widowed 4 Olvo		IF YES, GIVE	WAR OR DATES		10	YES 2 X NO Spec	ffy:	TATA	pec/ly: nite
	EDENT'S EDU	CATION	140	DECEDENTIE	USUAL OCCU	MATION	16b. KIND OF BU		
(Specify only	highest grade	completed)		(Give kind of a	vork done durin	most of working	168. KIND OF 80	SINE 33/INDUSTR	
15. DEC (Specify only only only only only only only onl	-12)	College (1-4 or 5	+)				77		
7ul Grade	(1.0 1 - 1)		FIK	ome Ma	ker		Home		
17. FATHER'S NAME (First, M							AME (First, Middle, Maiden	Surname)	
	Ganley						s Meister		
190. INFUHMANT'S NAME (							Route Number, City or Tox		
HITCHI G. W							Bel Air, Ma	iryland	21014
20a. METHOD OF DISPOSIT	DN n 3 □ Rem	oval from State	other	place)		f cometery, cremetory or		CATION — City o	The Paris
4 Donation 5 Other	(Specify)		_ Holy	7 Rede	emer C	emetery	4/21 Bal	timore,	Maryland
21 SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				E AND ADDRESS OF F			
Alla	4	Las	2		Uonn 6415	C. Mille	r, inc.	1/-	
23. PART I. Enter the d	SOURCE OF	complications the	caused the	deeth Do	ot enter the	mode of dulps au	ch as cardian or man	leston arrest	aryland 21206
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iMMEDIATE CAUSE (Fir	lei	10	Ma.	h. /	7 0	60.	Galal	)	Onset and Death
resulting in death)	<b>→</b>	a. 40	OR AS A CON	KW	mi	nancy	7000	1sm	-
		AC	(OH AS A CON	A.	r):	1	· · · · · · · · ·		
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if any, leading to imme		19	1100		VIL	of La	0200	000	
CAUSE (Diseese or inju		c. pue to	OR AS A COM	SEQUENCE O	6.	ner (w	dimen	KIM	
that initiated events resulting in death) LAS	Т	1/10	10	O 4 4	00 4	1//	n FR	0	
Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS		d. W	0 1/	W	Lest	ms la	un ja	B.MT	
_ PART ii. Other aignifica	nt condition	a contributing to	death but no	t resulting	in the under	ying cause given i			24b. WERE AUTOPSY FINDINGS
2							PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									OF DEATH?
<u> </u>							—		1 TYES 2 NO
25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH	O MEDICAL					8. PLACE OF OEATH (C	Check only one!		
EXAMINER?		HOSPITAL:	3.5000		OTHER:				
27. MANNER DF DEATH		1 Inpatient 2		26b. TIN		Home 5 Residence	28d. DESCRIBE HOW	N II IDV OCCUBE	
	Pending		Day, Year)		JURY	WORK?	200. DESCRIBE NOW	INJUNY OCCUME	
2 Accident	Investigation	280 BI ACE	OF INJURY — At	hama fam		YES 2 NO			
3 Suicide 6	Could not be determined	building	, atc. (Specify)	nome, rarm,	atreet, ractory,	omice	28t. LOCATION (Street City or Town, State		rer Houte Number,
3 Suricide 6 4 Homicide  29a. CERTIFIER (Check only one) 2 MEO									
Check only 1 CERT	TIFYING PHYSI	CIAN: To the best of	f my knowledge,	death occurr	ed at the time,	data and place, and de	se to the cause(s) and ma	nner as stated.	
One) 2 MEO	ICAL EXAMINE	R: On the basis of	xamination and/	or investigation	on, in my opini	on, death occured at th	ne time, deta and place, a	nd due to the cau	ise(a) and manner as stated.
	OF CENTIFIED	00				29c. LICENSE N	UMBER	29d. DATE BIG	NED (Month, Day, Year)
E Com	cko	L XXX	)			1)1(	2711	1	18192
		f	-						1 14 '
30 NAME AND ADDRESS D	PERSON WH	O COMPLETED CAL	SE OF DEATH (	TEM 27) (Type	, Print)		150	h Seigne	me Horse In
30 NAME AND ADDRESS D	FPERSON WH	O COMPLETED CAL	SE OF DEATH (I	2A F	Print)	12, MM	7 300	h Seien	us bystell som
30 NAME AND ADDRESS D 31. DATE FILED (Morith, Day, APR 2 1 10	FRP	0 7.	AR'S SIGNATURE	2AE	Print)	12, m	2000	h Serve	etuno, me 2/2



DHMH-16 Rev 1/89

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH T992 Gebauer APT.16, Hazel 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH e. BIRTHPLACE (State or Foreign Courteryland NOV .13" MONTHS DAYS 1908 218-12-6838 1 M 2 F 83 YRS. use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Manor Care-Towson Towson Baltimore DIRECTOR RESIDENCE OF DECEDENT Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO 100. STREET AND NUMBER 509 E. Joppa Rd. FUNERAL 101. 212 CODE 4 109.TOUTZEN OF WHAT COUNTRY? hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ASMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, stc. It yee, specify Cuban, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY IF YES, GIVE WAR OR DATES sowhite 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind at work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 10 ry/Secondary (0-12) College (1-4 or 5+) 12th Grade Homemaker be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Sumame) Unknown Unknown 7 BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 745 Weatherbee RdTowson 21204 Rev. Eugene Bartel 9 20a. METHOD OF DISPOSITION
1 Description | Burlet | 22 Cremation | 3 Description | State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Greenmount Crematorium Baltimore, Maryland 4 Donation 5 Other (Specify) medical examiner ATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 401 S. Chester St. David J. Weber F.H. completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on asch lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Atheroschrotic condinues culo OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF). the attending physician and con I Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS been signed by the PERFORMED? AWAIL ARK E PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) this certificate h with the State C irked, or Item Item HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANYER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death w IMPORTANT: If item 28 is marke 1 YES 2 NO BY 2 Accident **Investigation** 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Jer OLLBECT 9 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) -SERGIO CASSANEGO = 6304 KENUDOD AVE - BATTIA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



31. DATE FILED (Month, Day, Year)

21 1992

32. REGISTRAR'S SIGNATURE

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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITA	TO THE FUNERA	he filed within 72	MPORTANT: I

	FOR STATE REGISTRAR	STATE OF MARYLAND		IMENT OF I		MENTAL HYGIEI	NE	10958
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEA	3. TIME OF DEATN
	JOSEPH GINSKI					APRIL	17, 195	82 8;10 A. M
	220-09-8871	SEX 6. AGE (In yrs.	lest birthday) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTTN (Morith, Day, Year) 3/22//	8 h	RTNPLACE (State or Foreign suntry)
TOR	99. FACILITY NAME (If not institution, give stree CHURCH HOSPITAL RESIDENCE OF DECEDENT				MORE C.		9c. COUNTY O	F DEATH
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCA				10d. INSIDE CITY LIMITS?  1 YES 2 \[ \] NO
FUNERAL	620 S. WOLF	EST		10	2123/			C.S.A.
BY	3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [ IF YES, GIVE WAR OR DATES	ARMED NO	Il yes, sp	ENDENT OF HISPA ecity Cuban, Maxico 2 NO Specia	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) fy:		ACE — American Indian, Hack, White, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	apleted)	(Give kind of w life. Do NOT use		ON ist of working		JSINESS/INDUSTR	Y
BE COI	17. FATHER'S NAME (First, Middle, Lest) RUDDLPH G	INSKI			MA	ME (First, Middle, Meider		
10	190. INFORMANT'S NAME (Type/Print) LAURA T. RUI		6ac	ADDRESS (Street )		Route Number, City or Tox	WIN, State, Zip Code BALTO	2123/
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	from State cemetery	EANDDATEO		CEM	4/2ch	BA LI	Town, State  O., MD.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1. may	w	40	15.01	GYTEBER HESTER		BALTO MD 2123/
	IMMEDIATE CAUSE (Finel	ofications that caused the only one cause on each if	ne.			ch aa cardiac or reap	piratory arreat,	Approximate Interval Batween Onset end Daath
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	URUSEPSI DUE TO (OR AS A CONS URINARY DUE TO (OR AS A CONS	EOUENCE OF	ACT	INFECT	LSN		
MEDICAL C	PART II. Other algorificant conditions of				g cause given in	Part I. 24a, WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME	CONCESTIVE RENAL F	HEART F	ALLUR	-6		_		1 TES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PI OTHER:	ACE OF DEATH (Ch	eck only one)  8  Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, st	reet, lactory, offic		281, LOCATION (Street City or Yown, State	and Number or Rui	ral Route Number,
COMPLETED		i: To the best of my knowledge, in the bests of exemination and/o						se(s) and manner sa stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  ON O OVER 15				29c. LICENSE NUI			NED (Month, Day, Year)

2 MEDICAL EXAMINER: On the basis 296. SIGNATURE AND TITLE OF CERTIFIER
DAVID O. NYANJEM 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

4/17/9 Z M.D. 36974 D 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DAVID O. NYANTOWN MD. 160N BROTHOWAY, BATIMERE 21231 NO 32. REGISTRAR'S SIGNATURE APR 21 1992 DHMH-16 Rev 1/89



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George 4, social security number		oodie.			2. DATE OF DEATH MONTH D		3. TIME OF DEATH
219-50-6162	1 M 2 □ F	GE (In yrs. lest birthday)  44  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 24		BIRTHPLACE (State or Foreign Country) aryland
9a. FACILITY NAME (If not institution, give sti	Street			on Location of D			Y OF DEATH
10a. STATE 10b. COUNTY Maryland			y, town on Local				10d. INSIDE CITY LIMITS?  1 YES 2 NO
100. STREET AND NUMBER  303 N. Bruce S 11. MARITAL STATUS				21223		US	N OF WHAT COUNTRY?
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 V IF YES, GIVE WAR O	ES 2X NO	If yes, s	CENDENT OF HISPA Decity Cuban, Mexic S 2   NO Speci	NIC ORIGIN? (Specify Yea an, Puerto Ricen, etc.) ly:	s or No — 14	. RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of silfle. Do NOT us ROOFer	USUAL OCCUPATI work done during me retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last)  John W. Goodi	e, Sr.				AME (First, Middle, Meiden		
19a. INFORMANT'S NAME (Type/Print)	c/ DI.	19b. MAILING	ADDRESS (Street	Mild	Route Number, City or Tow	Thoma	
Mildred B. Goo	die	303					Maryland
20a. METHOD OF DISPOSITION 1 № Burlal 2 □ Cremation 3 □ Ramo 4 □ Donation 6 □ Other (Specify)	val from State	20b. PLACE AND DATE of cemetery, crematory or of Woodlaw	OF DISPOSITION (N.	ame of	/22/92 20c. LO	CATION - City	
21. SIGNATURE OF FUNERAL SERVICE LICE	laris		Chatr	nd address of FA	ris F/H	1701   Balti	McCulloh St more, Md 21
23. PART I. Enfar the dispesses, Dr or shock, Dr haart failura. L iMMEDIATE CAUSE (Final disease Dr condition resulting in death)	proplications that cause of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	P M	10 Can	da of dying, aud	M A CA	ratory arread	, Approximata Interval Between Onset end Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO TOR A	CONSEQUENCE OF	do	order	csjen	na()	
PART II. Other algnificant conditions	contributing to deat	h but not reaulting l	n the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMBILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 VES 2 NO
	HOSPITAL:	Putpetlent 3 DOA	OTHER:	ACE OF DEATH (Ch	eck only one)  6  Other (Specify)		
27. MANNER OF DEATH  1   Netural   5   Pending   Investigation	28s. DATE OF INJUF (Month, Day, Yes	RY 26b. TIME	OF 28c. INJ JRY WO		26d. DESCRIBE HOW II	NJURY OCCUR	ED
3 Suicide 6 Could not be determined	26a. PLACE OF INJU building, etc. (S	JRY — At home, farm, si Specify)	treet, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or F	tural Route Number,

Acute My	condial	in farction
DUE TO (OR AS A CONSEQUENCE OF):		16/2 1 1
(turn fon s	cion (	essential)
OUE TO (OR AS A CONSEQUENCE OF):	1	
Serve	and order	
DUE TO (OR AS A CONSEQUENCE OF):		

SIGNATURE AND TITLE OF CERTIFIER	Am	mo	29c. L	DICENSE NUMBER	11	DBM. DATE SIG	MED IM	92
AND ADDRESS OF PERSON WHO COMPLETE	SAUSE OF OEATH ((TE	M 27) (Type, Priet)	11	F 2	Bool	00 600	1	C

31. DATE FILED (Month, Day, Veer)
APR 21 1992

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DHMH-16 Rev 1/89

and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be burial, cremation, or removal.

notified at

must be

DIVISION OF VITAL RECORDS,

BALTIMORE, MA	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-veurs after death, Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical azaminer must be notifi
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92 10961 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1		IF UNDER		?. DATE OF BIRTH (Month, Day, Ybar)		a. BIRTHE	PLACE (State or Foreign
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2	MR. LEONARD		198		ADDRESS (				BALTIMORE		2120	)8
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Jack William	Gaines					Al	ice	Jea	n Us	ser	cy			
19e. INFORMANT'S NAME (Type/Print)				ADDRESS (		nd Number	or Rural i	Route Num	ber, City or	Town, Sta	ete, Zip C			
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The same shift is the same

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3. TIME OF DEATH

YEAR

REG. NO

2. DATE OF DEATH

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ncella Vinzella heisting 04 Henry 1:06 992 PM 4. SOCIAL SECURITY NUMBER S. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) th, Day, Year) 1 M 2 F 3 permit. Pages 1, 2, 3 should Be FACILITY NAME (If not inst 9b. CITY, TOWN OR LOCATION OF DEATH OCCUPITY OF DEATH 514 E. 41st Street DIRECTOR Baltimore RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, IHSIDE CITY LIMITS? ma Bn 110. YES 2 HO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3938 funeral director, page 5 should be detached for use as the burial-transit 21212 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Ho- RACE — American Indian, Black, White, etc. If yes, specify Cubert, Mexicen, Puerto Ri 1 YES 2 NO Specify: 2 Merried BY Specify 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIHD OF BUSINESS/IHDUSTRY ry (0-12) lege (1-4 or 5+) LAGO Once. 16. MOTHER'S NAME (First, Middle, Maiden Surname) EdWARds To BE notified 19b. MAILING ADDRESS (Street and Numb 2 pe METHOD OF DISPOSITION

Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cramatory or other place) 20c. LOCATION Must ition 5 🗆 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AHD ADDRESS OF FACILITY 2 y filled in by the fution, or removal. UNER medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, Approximate shock, or heart failure. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Deeth cremation, the disease or condition resulting in death) completely Narcotic and cocaine intoxication OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial, CERTIFICATION the attending physician and Mental Hygiene prior to bur Sequentially list conditions, Sequentiary rist conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): or other DUE TO (OR AS A CONSEQUENCE OF)resulting in death) LAST Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AH AUTOPSY signed by the 23 shows amy COMPLETION OF CAUSE YES 2 NO DE DEATH? 1 VES 2 NO has been Dept. of h 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) or item this certificate h OTHER: 1 X YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA rsing Home 5 M Residence 8 - Other (Specify) the 27. MAHHER OF DEATH 28e. DATE OF IHJURY (Month, Day, Year) 286. TIME OF FOUNDINJURY 1:06 PM 28c. IHJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Hetural Found: 4-16-92 1 YES 2 W HO L DIRECTOR: After the hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 🔀 Could not be 514 E. 41st Street 28 4 Homicide Residence TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTO be filed within 72 hours at IMPORTANT; If Item 28 1 
CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end mariner as stated. (Check only one) 2 🔯 MEDICAL EXAMIHER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner on stated. 29b. SINNET RE AND TITLE OF CE BE 29c. LICEHSE NUMBER 29d. CATE SIGHED (Month, Day, Ybar) 2 1992 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street, Baltimore Maryland 21201 P. BEGISTBAR'S SIGNATURE DHMH-16 Rev 1/89



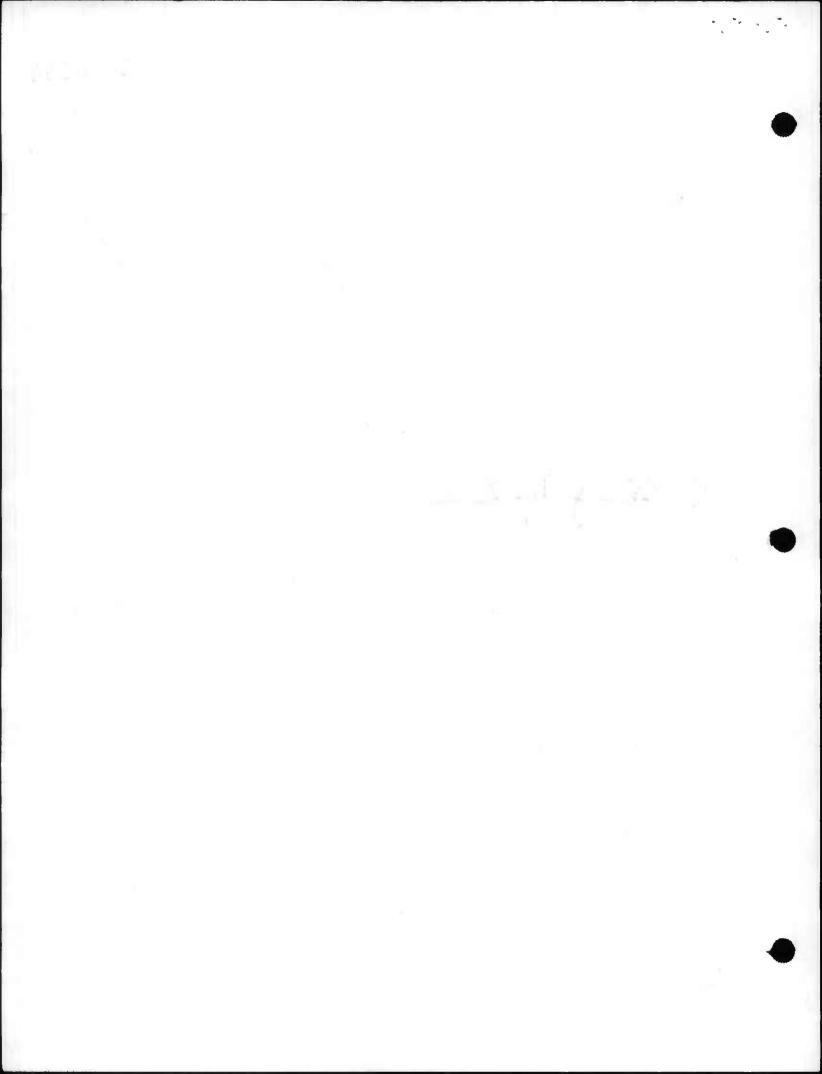
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YSICIAN: The law requires that t	s certificate has been signed by the	id, or item 23 shows any in
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R ATTENDING PHYSICIAN: The law requires that t	RECTOR: After this certificate has been signed by the agent death with the State Dent of Health and A	m 28 is marked, or item 23 shows any in
L OR ATTENDING PHYSICIAN: The faw requires that t	L DIRECTOR: After this certificate has been signed by the hours after death with the State Deot. of Health and A	Item 28 is marked, or item 23 shows any in
PITAL OR ATTENDING PHYSICIAN: The law requires that t	ERAL DIRECTOR: After this certificate has been signed by the in 22 hours after death with the State Dent, of Health and A	T: If Item 28 is marked, or item 23 shows any in
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that t	FUNERAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dent. of Health and A	TANT: If Item 28 is marked, or Item 23 shows any in
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. urs after death. Page 6 may be retained by the hospital properties of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State hant and Mental Hotelete orior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF N					EALTH AND	MENTAL	. HYGIENI	E	16	10964
_	REGISTRAR		С	ERTIF	ICATE	OF	DEATH	_	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  WILLIAM	PATRI	CK	H	CAES	S		2. DATE MONTH	OF DEATH	0 - 9	YEAR 3.	TIME OF DEATH
	4, SOCIAL SECURITY NUMBER		8. AGE (In yrs. le		IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH			CE (State or Foreign
	198-05-1630	1 🖔 M 2 🗆 F	80	YRS.		DAYS	HOURS MIN.	7-1	Day, Year) 0-191		Country)	Pa.
r	9a. FALLSTON GENER		ITAL		PAL CITY, T	-	TO 4	EATH			OF OF	
$\frac{1}{2}$	RESIDENCE OF DECEDENT	72 /00-0	, , , , , _		1 152	ا دیستا	TON			70717	<i>a b y</i> ·	~10
UNECTOR	Md. Hari				y, town or rest							I. INSIDE CITY LIMITS? YES 2 [X] NO
AL.	10e. STREET AND NUMBER			1 -0	1000	-	ZIP CODE			10g. CITIZ	EN OF WHAT	
ONER	109 Forest Valley						21050				USA	
פין דטן	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE W W.W. I	X YES 2 MAR OR DATES	RMED NO	11 1	yea, sp	ENOENT OF HISPAI ecify Cuban, Maxica 2 XNO Specif	en, Puerto F		or No—		American Indian, hita, atc. White
3	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. D	Give kind of	USUAL OCC	CUPATIO	ON et of working	16b.	KIND OF BUS	INESS/INDU	JSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)	6. <i>Do NOT u</i> e1der	se retired.)				Betl	n Ste	e1	
COMPL	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S NA	AME (First, A	Aiddle, Maiden	Surname)		
	William Hughes						Margar	et Po	wers			
700	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (	Street a	nd Number or Rural			, State, Zip	Code)	
2	Magdalen D. Hugh	nes		3116	Moore	es	Rd. Bald	win,	_			
	20a. METHOO OF DISPOSITION  1 🔀 Buriel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	oval from Stata	other i	p(ace)			h 4-1			a1to.	Md.	Stata
-	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	00		22. N/	AME A	C. Mille	ACILITY				
-	23. PART I. Entar the diseases, or o	7	7		64	15	Belair R	d. Ba	alto.,	Md.	21206	
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only-ona cau	re on each iir	18.		ne mo	ae or dying, suc	on se cerc	nsc or reepi	ratory sme	est,	Approximats Interval Between Onset and Death
	resulting in death)	aDUE TO	(OR AS A CONS	EOUENCE O	F):							
2	Sequentially list conditions,	b	OR AS A CONS	NIC	BR	Al	N SYN	DR.O.	n.E			-
A	if any, leading to immediate cause. Enter UNDERLYING	c. DUE TO	APHAS	EOUENCE O	F): 4 (	2)	Hemise	res	is 2	20 %	- 0,	ld CVA.
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO	(OR AS A CONS	EQUENCE O	F):							
		d										
MEDICAL	PART II. Other significent condition	s contributing to	desth but not	resulting	in the und	eriyin	g csuse given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
								-			1 (	YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH (C	heck only or	e)			
2	1 YES 2 NO	HOSPITAL:	☐ ER/Outpetlent	3 🗆 DOA	OTHER:		ne 5 🗆 Rasidenca	6 🗆 Othe	r (Specify)			
PHYSICIAN:	27, MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF (Month, E		26b. TIN	ME OF 2	WC	URY AT ORK? YES 2 NO	28d. DE	CRIBE HOW I	NJURY OCC	URED	
EU BY	Accident   Investigation	26e. PLACE (	OF INJURY At I	home, farm,	atreet, factor				ATION (Street a or Town, State)		or Aural Rout	a Number,
COMPLETED	CONTROL ONLY	ICIAN: To the best of										
	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE		examination and/o	or investigati	on, in my op	Inion, d	Seath occured at the		and place, an			onth, Day, Year)
O BE		1.1.1						501	2_	Þ 4	1/17/92	
	30. NAME AND ADDRESS OF PERSON WA	CYNCH	SE OF DEATH (IT	SEM 27) (Typ	o, Print)	- /	md.	2/6/	4			



31. DATE FILEO (Month, Day, Year) APR 2 1 1992

32. REGISTRAR'S SIGNATURE
Lie Davidson-Pandall



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.
. 0	DECEDENT'S NAME (First, Middle, Last)	2 DATE	OF DEATH

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3. TIME OF GEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

Anna Louise Himmelman

5. SEX

- 3	219-01-268	5	1   M 2   F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	02 2
TOR	90. FACILITY NAME (If not in Meridian A RESIDENCE OF DEC	ursin					-	dalk	N OF DEA	
DIRECTOR	10a. STATE  Mda	10b. COUNT	timore			as tue		TION		
FUNERAL	7102 Gough	Stree	t	1			10	f. ZIP CODE		21224
B∀	11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo	Married road	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO		If yes, sp			C ORIGIN? (5 i, Puerto Rice
ETED		EDENT'S EDU y highest grad 0-12)			Me. Do NOT L	work done ( use retired.)	during m	ost of working	9	16b. KJ
COMPLETE	17. FATHER'S NAME (First, N	liddle, Lest)			Machi	ne U	pera	_	IER'S NAM	AE (First, Mick
BE	George 19a. INFORMANT'S NAME (	ype/Print)	k	2.50	19b. MAILIN	G AODRESS	3 (Street	and Number		rdie L
5	Earl G. H.	immelm	an	20h Pl A/	7/0		100	St. L		, Md.
	1X Burial 2 Crematic 4 Donation 5 Other	(Specify)		- B	nlece)	one (	eme	tery	4-2	22-92
	21. SIGNATURE OF FUNERA	L SERVICE LI	D. 3	ele			HATTIME P		00 01 1740	eiler
MEDICAL CERTIFICATION	Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injected events resulting in death) LAST PART II. Other algoritics MALNU	ant condition	c. DUE TO	OR AS A CON	SEOUENCE (	OF):	nderiyli	ng cause (	given in	Part I.
SICIAN: N	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТЫЕ	A:		Market and	eck only one)
PHY		Pending Investigation			28b. T	ME OF NJURY M	28c. IA	JURY AT	NO	6 Other (
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE	OF INJURY — Ai , etc. (Specify)	home, farm	, street, fac	tory, off	lce		261, LOCAT City or
COMPLETED	CONSULT OF MY		SICIAN: To the best of							
TO BE C	296. SIGNATURE AND TITL	E OF CERTIFI	ER	mo				29c. LIC	ENSE NUN	ABER 253
F	30. NAME AND ADDRESS O	AR M		/ MAY		pe, Print)	Cef	urc	HS	۲. ۱
	31. DATE FILED (Month, Day	1992		AR'S SIGNATUR						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

8. AGE (In yrs. lest birthday)

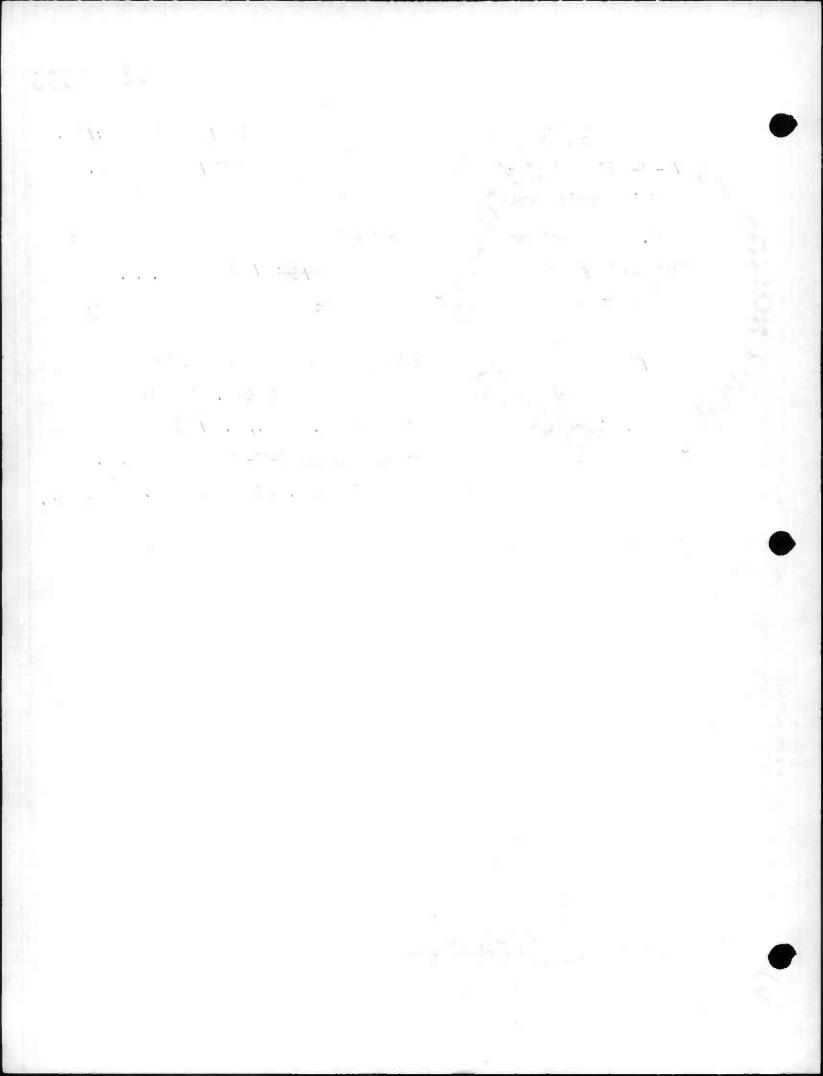
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2. DATE OF DEATH

92 YEAR **WONTH** 7. DATE OF BIRTH (Month, Day, Year) 02 22 16 9c. COUNTY OF OEATH Baltimore 10d, INSIDE CITY LIMITS? 1 WES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, atc. Specity: White OF BUSINESS/INDUSTRY un Cork, Seal Sinclair y or Town, State, Zip Code) 21224 20c. LOCATION -- City or Town, State Baltimore, Md. Son Inc. astern Ave. or reaplratory arrest, Approximate Interval Between **Onset and Death** STAGEIV WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 10 NO 1 | YES 2 | NO icity) E HOW INJURY OCCURED (Street and Number or Rural Route Number, m, State) place, and due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year) 4-20-92. D 21225 DHMH-18 Rev 1/89







YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

Specify:

DORSEY, MARYLAND

REG. NO.

APRIL 18,1992

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month Day Your L

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	SPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	with
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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year JF LINDER 24 HRS. DAYE HOURS 215-03-1458 1 M 27 TF 88 YRS. JULY 24,1903 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE CATONSVILLE permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 407 WAVELAND ROAD as the burial-transit 21228 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxicon, Puerto Rican, etc.) 1 Never Married 2 KMarried BY 1 TES ZY NO Specify 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high ğ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 detached HOMEMAKER OWN HOME once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALBERT ROSSBACK the funeral director, page 5 should be at DAISY notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 REBECCA WATSON (NIECE) 407 WAVELAND ROAD, CATONSVILLE, MARYLAND must be 20s, METHOD OF DISPOSITION
1 12 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE MEADOWRIDGE MEMORIAL PARK 4/21/02 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACULTY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Kussall 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by 8 IMMEDIATE CAUSE (Final and completely filler burial, cremation, the disesse or condition resulting in death) DUDIE TO (OR AS A CONSEQUENCE OF): event, Chronic Obstructive Dises,
DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, prior to if sny, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, o PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO been x. of h has be Dept. c PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 2 28. PLACE OF DEATH (Check only one) After this certificate I death with the State HOSPITAL: OTHER:
4 Nursing Homa 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Hatural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e, PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) TO THE RUNERAL DIRECTOR; At be, fired Within 72 hours after de IMPORTANT; If Item 28 Is 6 Could not be COMPLETED 4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE mile ze 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5205 EAST DRIVE, BALTIMORE, MARYLAND DAVID MOSEMAN 21227

lie Builson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

92 10967

3. TIME OF DEATH

7:45 P.

10d. INSIDE CITY LIMITS?

1 YES XX NO

WHITE

Interval Batween

Onset and Daeth

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

29d. DATE SIONED (Month, Day, Year)

8. BIRTHPLACE (State or Foreign

PENNSYLVANIA

14. RACE — American Indian, Black, White, etc.

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SETTLE TO BY

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the fined within 72 hours after death with file State Dect. of Health and Mental Hydlere prior to burial, cremation, or removal.	MEDOTANT. If them 98 to market and them 92 shows any failure or other framefile stant the mailure and the mailure of any
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2	TO THE FUNERAL DIRECTOR: May this betink the been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Deat, of Health and Mental Molete prior to burial, cremation, or removal.	

	1. DECEDENT'S NAME (First, Middle, Last)	ISABELLE		GRAM	REG. NO  2. DATE OF OEATH MONTH.		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		V.E.K. A.P.			1992	063/
	212-01-5911	1 □ M 2 M 79	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 H	NA. OCT . 15,19	12 N	BIRTHPLACE (State or Foreign Country) IARYLAND
00	9e. FACILITY NAME (If not institution, give s		7	96. CITY, TOWN OR LOCATION O		9c. COUNTY	
6	HOLY CROSS HOSPI	ITAL ,		SILVER SPRI	.NG	MONTO	GOMERY
DIRECTOR	10e. STATE 4 10b COUNT	CE GEORGES		TOWN OR LOCATION			10d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 11619 35th AVENU	JE		101. ZIP CODE 20705	H Jersel		N OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		ISPANIC ORIGIN? (Specify Yes		. RACE — American Indian.
BY	1 Never Married 2 Married  TWIND Married  Divorced	IF YES, GIVE WAR OR D			exican, Puerto Rican, etc.) ipecify:		Specify: WHITE
回	15. DECEDENT'S EQU (Specify only highest grade	JCATION  completed)	(Give kind of w	USUAL OCCUPATION ork done during most of working	16b. KIND OF BU	SINESS/INDUS	ТЯ
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	HOMEMAI		OWN HON	TP	
OM	17. FATHER'S NAME (First, Middle, Last)		HOTHERE		S NAME (First, Middle, Malden		
BE C	ROBERT F. MITCHEI	LL			RIE CORD		
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street end Number or F	Bural Route Number, City or Tow	n, State, Zip Co	ode)
1	1	DAUGHTER)	11619	35th AVENUE, B	BELTSVILLE, MA	RYLANI	20705
	20e. METHOD OF DISPOSITION    XBurlal 2   Cremation 3   Rem 4   Donation 5   Other (Specify)			FOISPOSITION (Name of CEMETERY	4/22/92 BAI		y or Town, State E, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	The Short	2	1630 EDMONDS	ON AVENUE, CA	TONSVI	FUNERAL HOMES LLE,MD.21228
	23 PART Lenter the disease, or ahock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	thet only one cause on e	ach line.	ot enter the mode of dying,	ARRES 7		t, Approximate interval Between Onset and Deat
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE OF	):			
I: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A d	A CONSEDUENCE OF	): ):	n in Part I. 24a, WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 UYES 2 NO
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	b. DUE TO (OR AS A d	A CONSEQUENCE OF	):  In the underlying cause gives 28. PLACE OF DEATH	PERFOR	AUTOPSY MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  150 YES 2 NO	b. DUE TO (OR AS A d	A CONSEQUENCE OF	): ): n the underlying cause give	1 TYES 2	AUTOPSY MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR AS A d	A CONSEQUENCE OF	26. PLACE OF DEATH OTHER: 4   Nursing Home 5   Reside	H (Check only one)  A Check only one)  A Specify  28d. DESCRIBE HOW I	AUTOPSY IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N NO
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  154 YES 2  NO  27. MANNER OF DEATH  1 Netural 5  Pending	b. DUE TO (OR AS A d	A CONSEQUENCE OF	26. PLACE OF DEATH OTHER: 4   Nursing Home 5   Realde OF   26c. INJURY AT WORK?	H (Check only one)  A Check only one)  A Specify  28d. DESCRIBE HOW I	AUTOPSY IMED?  NO  NJURY OCCUP  and Number og	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  Yes 2 NO
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  154 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYS	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  HOSPITAL: 1   inpetient 2   ER/Outp (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Specialists)	Determ 3 DOA  28b. TIME INJURY  A CONSEQUENCE OF	26. PLACE OF DEATH OTHER: 4   Nursing Home 5   Reside OF   28c. INJURY AT WORK? M 1   YES 2   NU	H (Check only one)  The Check only one)  The Check only one)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  I due to the cause(a) and main	AUTOPSY IMED?  IN NO  NURY OCCUP  and Number og	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO

1007

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32. REGISTRAP'S SIGNATURE

Fulia, Fairdran, Pardall

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DIVISION OF VITAL RECORDS, P.O. BOX 1314

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-reforms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, MI	DEYELL	IRWIN. SR.			2. DATE OF DEATH MONTH DO		R 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 705-10-5122 99. FACILITY NAME (If not institu	1 M 2 □ F 8	1 YRS.	UNDER 1 YEAR HITHS DAYS	HOURS MIN.		Co	RTHPLACE (State or Foreign unity) RGINIA
WELLS SPRING	NURSING CENTER		GLEN BI			ANNE	ARUNDEL
MD 100. STATE	ANNE ARUNDEL		EN BURI	NIE			10d, INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER  413 JOYCE DR  11. MARITAL STATUS	IVE		101	21061		U.S.A.	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Ma  3 Widowed 4 Divorce	12. WAS DECEDENT EVER FORCES? 1 X YE	S 2 NO	If yes, sp		IIC ORIGIN? (Specify Year, Puerto Rican, etc.)		ACE — American Indian, Black, White, etc.
(Specify only hi		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo stired.)	N st of working	16b. KIND OF BU		Y
12 17. FATHER'S NAME (First, Middle	NONE NONE	MACHINIS	T	18. MOTHER'S NA	WESTER ME (First, Middle, Meiden		AND RAILROAD
WILLIAM	S. IRWIN			DAISY		EE	SINGERS
MARY L. LAUG		The second second			Route Number, City or Tow Len Burnie		
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI				CATION — City of	
4 Donation 5 Other (Sz	pecify)	EVERGREEN (		Y ID ADDRESS OF FA		JRAY, VI	IRGINIA
1 98. Ale	ral Herkin		SINGLE 1 SEC	ETON FUNI	ERAL HOME S.W. GLEN	BURNIE	, MD 21061
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO FOR A	6 A CONSEQUENCE OF:	)1/1/				Interval Between
100	conditions contributing to death	but not resulting in	the underlyin	g ceuse given in	Part 1. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO A EXAMINER?	HOSPITAL:		28. P	ACE OF DEATH (Ch	eck only one)		
25. WAS CASE REFERRED TO IN  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pe 2 Accident	1   Inpatient 2   ER/O 28a. DATE OF INJUF (Month, Day, Year	Y 28b. TIME C	OF 28c. IN.		6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	D
		JRY — At home, ferm, stre (pec/fy)	et, factory, offic		281. LOCATION (Street City or Town, State		ral Route Number,
onel	YING PHYSICIAN: To the best of my to L EXAMINER: On the basis of axamina						rse(s) and manner as stated.
296. SIGNATURE AND TITLE OF	eypo, m	12.		20c. LICENSE NUI	26	29d. DATE SIG	NED (Morth, Day, Year)
31, DATE FILED (Minth, Cony, Ma	ersón who completed cause of 1922 registrar's si		rint)				
APR 21 19	192 Julia Davidson	-Northwest					

1 - FOR STATE REGISTRAR

		1. DECEDENT'S HAME (First, Middle, LA	est)		Ton E.	5		2. DATE OF	DEATH DAY	9EAR	3. TIME OF DEATH
should		20 AL SECURITY HUMBER 20 5 9375  The property of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security	1 🗆 M 2 🔀 🖫	6. AGE (In yrs. les	YRS. MONTH		IF UNDER 24 HRS HOURS MIN.	Month, D	/ (a 9	Count	ryland
1, 2, 3	DIRECTOR		cour		96. 0		Baltimon			9c. COUNTY OF D	EATH
permit. Pages		10e. STATE 10b. COUMD 10e. STREET AND HUMBER	HTY		10c. CITY, TOW	Balt	imore (	City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
St	FUNERAL	1814 Riggs Av	e			101	ZIP CODE	1217		10g. CITIZEH OF V	VHAT COUNTRY?
21215-0020 If or attending physician, for use as the bunia-transit	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 WH	MED	It yes, sp	ENDENT OF HISP ecity Cuban, Mex 2 NO Spe	can, Puerto Rica	Specify Yes or in, atc.)	Ho— 14. RACI Black Speci	E — American Indian, k, White, atc.
O spira	PLETED	15. DECEDENT'S E (Specify only highest gi Elamentary/Secondary (0-12)	EDUCATIOH ade completed) College (1-4 or 5+)	(Gi	CEDENT'S USUAL Ve kind of work do Do NOT use retire Hame	ne during mo	st of working	16b. KI	NO OF BUSIH	ESS/IHDUSTRY	91
A the be der	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Robert	Green					AME (First, Midd		mame)	
MAR retained to 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING ADDR	ESS (Street a	nd Number or Run	ia Key	S City or Town, I	State, Zip Code)	
be re	F	Della Dento	n	]	L521 N.	Payso	on St	Balto	,MD.	21217	
e 6 ma rector, p		20a. METNOD OF DISPOSITION  1		20b. PLACE A cemetery, cree MD	THE DATE OF DISP	emete	ery	OATE		TIOH - City or To	
SALT death. I e funeral		2) SIGNATURE OF FUNERAL SERVICE	W. J. J.	uss		Josep	oh L. Ri West No	uss Fun	eral H	Home Balto,MI	. 21216
y, P.O. BOX 68/60, learn certificate be executed within 2+ nours after attending physician and completely filled in by the first Hygiene prior to burial, cremation, or removerly, or other traumatic event, the medical y, or other traumatic event, the medical	CERTIFICATION	23. PANT I. Enter the disease, shock, or heart fellul immeDiaTe CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. PESONE TO (O	e on esch lina.	PUENCE OF):  LEFT  PUENCE OF):  L		fai plan				Approximate interval Between Onset and Death
AL KECOKUS, he law requires that the dea has been signed by the at bept, of Health and Menti n 23 shows any Injury,	MEDICAL		Elylor Reu	afirei	4460.	underlying ULA	couse given i	mia	PERFORME YES 2	D?	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 HO
SICIAN: The certificate he the State I. or Hem	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	R/Outpetlent 3	OTH	ER:	ACE OF DEATH (C				
TO PHY OF THE THE WITH WITH WITH WITH WITH WITH WITH WITH	ву РНУ	27. MANNER OF DEATH  1 Hetural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	IJURY	28b. TIME OF INJURY	28c. INJ WO	URY AT RK?			JRY OCCURED	
OR ATTENDIN DIRECTOR: At hours after de item 28 is r		3 Suicide 8 Could not a determined	building, at-	INJURY — At hon c. (Specify)	ne, farm, street, t	actory, office		281. LOCATIO City or To	ON (Street and own, State)	Number or Rural R	loute Number,
= 25 E	COMPLETED		YSICIAN: To the best of m								and manner as stated.
TO THE HOSPI TO THE FUNEF De filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIF	ATTEN			روه	29c. LICENSE NI	248	2	DATE SIGNED	(Month, Dey, Year)
		30. HAME AND ADDRESS OF PERSON .	1; DH4	m. D		5316 0/cu	-celo	my and	id!	2d.	44
) *		APR 21 1992	Julia Davidso	S SIGNATURE	2						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



12 . 11

	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mens after death. Page 6 may be retained by the hosp
DALL INOUL, MANIEAND	DISTOR OF WITHE RECORDS, T.O. DOX OF.

FOR  1 - STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND	MENTAL HYGIEN REG. NO.	<b>E</b> 9	2 10971
231-44-7252 1 9e. FACILITY NAME (If not institution, give stree	Ruenzell D. SEX To. AGE (In yrs. la  Kin 2 of 54  t and number)  Hosf.	YRS. MONTHS	TYPER IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DI	2. DATE OF DEATH DATE OF BIRTH (Month, Day, Yoar)  5-7-3-7-3-7-4 EATH	9c. COUNTY	NRTHPLACE (State or Foreign Journs)
106. STATE 106. COUNTY  106. STREET AND NUMBER  1642 E 25	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		PR LOCATION  UP MOVE  101. ZIP CODE  21 23  WAS DECENDENT OF HISPAIR If yes, specify Cyben, Mexico 1 UPES 2 100 Specific	in, Puerto Rican, etc.)	or No — 14.	10d. INSIDE CITY LIMITS? 1 PYES 2 NO OF WHAT COUNTRY?  A RACE — American Indian, Black, White, etc. Specify: Black of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the coun
15. DECEDENT'S EDUCAL (Specify only highest grade co Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	(College (1-4 or 8 +)	Do NOT use retired.)	(Sociality	16b. KIND OF BUS		ny .
19a. INFORMANT'S NAME (Type/Print)  2up. mer HUD OF DISPOSITION  1 Burlel 2 Cremation 3 Removed  4 Ponation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	Thers 11  20b. PLACI of cemetar	EAND DATE OF DISF y, crematory or other p	S (Street and Number or Rural  5 - 25 TX  POSITION (Name place)	DATE 20c. LO	CATION — City	
23. PART i. Enter the diseases, Dr co	mplications that coused the distinguished by the property one cause on each line.  DUE TO (OR AS A CONSE	EQUENCE OF):  MEUL Can  EQUENCE OF):		ch as cardiac or reap	iratory arreat,	Approximate interval Between Onset and Death
PART II. Other aignificant conditiona	contributing to death but not	resulting in the u	nderlying cause given in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	Inpetient 2 ER/Outpetient		26. PLACE OF DEATH (CI R: rsing Home 5 - Residence	/10 E-5 L	NJURY OCCUR	ED.
1 Netural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide distermined	(Month, Dey, Year)  28e. PLACE OF INJURY — At h building, etc. (Specify)	28b. TIME OF INJURY M	WORK?	281. LOCATION (Street City or Town, State,	end Number or F	
enel enel	AN: To the best of my knowledge, on the basic of examination and/or					iuse(e) end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	Physiain		29c. LICENSE NU	MBER		GNED (Month, Day, Year)

EMI Colman LR UA (+05)

31. DATE FILED (MONT), Day, Your)

APR 2 1 1992 Julia Davidson-Rondola.

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	Leon	R.	Johnson	1		2. DATE OF MONTH		year 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-30-9514	1)XXM 2  F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De 10-		I. BIRTHPLACE (State or Foreign Country)
LOR	9a. FACILITY NAME (If not institution, given by the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second		spital		more,	Md.	9c. COUNT	Y OF DEATH
DIRECTOR	10a. STATE 10b. COUN			OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?  1 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2248 GUILFORD A	VENUE			21218			S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	if yes, sp	CENDENT OF HISPAI Hecity Cuban, Maxics 1 2 NO Specific	en, Puerto Rica		4. RACE — American Indian, Black, Whita, etc. Specify: BLACK
APLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		18s. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo		16b, KIF	ND OF BUSINESS/INDU	STRY
BE COMPL	17. FATHER'S NAME (First, Middle, Last) RIDLEY JOHNSON				JANIE		lle, Malden Surname)	
10	198. INFORMANT'S NAME (Type/Print) MILDRED JOHNSON						City or Town, State, Zip C E, MD 2121	
	29a, METNOD OF OISPOSITION 1 A Surfel 2 Committee 3 Re 4 Donation 1 Other (Specify)	moval from State	20b. PLACE AND DATE OF DE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF			OATE	BALTIMORE	
	21. SIGNATURE OF FONERAL SERVICE	LICENSEE	1111		NO ADDRESS OF FA			North Ave.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· 3/0	AS A CONSEQUENCE OF):	751	5	CIC	abeli	
MEDICAL C	PART II. Other algnificent conditi	ons contributing to dea	th but not resulting in t	he underlyin	g cause given in		a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (C)			
BY PHYS	11 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER  28a. DATE OF INJ (Month, Day, Y	URY 28b. TIME O	F 28c. IN.	PURY AT DRK? YES 2 NO		BE NOW INJURY OCCU	RED
ETED B	3 Suicide 6 Could not b 4 Homicide detarmined	28a. PLACE OF IN building, etc.	JURY — At home, farm, stree (Specify)	t, factory, offic	a		ON (Street end Number o own, State)	r Rural Route Number,
COMPLE			knowledge, death occurred a nation and/or investigation, is					I. cause(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	backens	Work	te	D3/	905	1 4	SIGNED (Month, Day, Year) 4-20-92
	A-MBAC. 31. DATE FILEO (Morth, Day, Year)	HEW W	OKETA	24	31 M	1240	AND A	VE KALTU
- 1	St. Det E I IEEO (MOINI, Day, 16ar)							1 2 1 0 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burned be filed within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.
be ned writin 72 hours after deam with the State Uept. Of regun and wental hygiere prior to burtal, cremation, or removal.  IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1 - STATE REGISTRAR	CERT	TIFICATE C	F DEATH	REG. NO		,
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
			Janney		. /	9 1	2 1045 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 M F	8. AGE (In yrs. last birth	RS. FUNDER 1 YEARS.		7. DATE OF BIRTH (Morth, Day, Year)	C	IRTHPLACE (State or Foreign ountry) ALY
TOR		osp.		n or location of Di 11stown		9c. COUNTY C	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Carr		ldersburg		ORIL HI		LIMITS?
	10s. STREET AND NUMBER	LOII E.	Idersburg	101. ZIP COOE	n84	10g. CITIZEN	1 VES 2XX NO
BY FUNERAL		T EVER IN U.S. ARMED YES 2 XNO WAR OR DATES	If yes	DECENDENT OF HISPAI , specify Cuben, Mexica YES 2 XNO Specifi		e or No— 14. F	States  AACE — American Indian, Black, White, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	tea. OECEDE	ENT'S USUAL OCCUP	ATION	16b. KIND OF BU	-	ucasian
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5-8)	+) life. Do N	OT use retired.)  S Woman	most of working	Hutzle	r's Den	artment Store
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden		
BE (	Santo Marano			Angel	a Macalus	0	
5	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Tox		*
	Mrs. Angela Marie Ganey				ldersburg.		
	20s. METHOD OF DISPOSITION  1 \( \hat{\Delta} \) Buriel 2 \( \hat{\Delta} \) Cremetion 3 \( \hat{\Delta} \) Removal from State  4 \( \hat{\Delta} \) Donation 5 \( \hat{\Delta} \) Other (Specify)	20b. PLACE AND D completely, cremator New Car		Apr		Baltimo	re Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	on			Funeral Di		
	23. PART I. Enter the diseases, or complications the		Do not enter the	Liberty	Rd Randall	stown,	MD 21133-4784
	immediate Cause (Finel disease or condition resulting in death)	on each line.	o not ontal the	mode of dying, and	TI an Carolec Of Teap	natory arreat,	Approximata Interval Between Onset and Death 2 week
Z	DUE TO	(OR AS A CONSEQUEN	CE OF):				2 weeks
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEQUEN	CE OF):				
CERTIFICATION	that initiated events resulting in death) LAST  d.	(OR AS A CONSEQUENC	CE OF):				
	PART II. Other algnificant conditions contributing to	death but not result	ting in the underl	/ing cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
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AN:	25. WAS CASE REFERRED TO MEDICAL						
SICI	EXAMINER? HOSPITAL:	ER/Outpetient 3 🗆 Do	OTHER:	PLACE OF DEATH (Ch			
ВУ РНУ	27. MANNER OF OEATH  1 Netural 5 Pending Investigation	INJURY 28b	TIME OF 28c.	INJURY AT WORK?  YES 2 NO	8 Li Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	
	3 Suicide 280. PLACE O	F INJURY — At home, te etc. (Specify)	erm, atreat, factory, o	ffice	281. LOCATION (Street City or Town, State)	and Number or Ru	ral Floute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of examiner: On the basis of examiner:						se(s) and menner as stated.
BE	296, SHONATURE AND TITLE OF CENTIFIER	ino		29c. LICENSE NUM 02870		29d. DATE SIGN	19/02
5	HOWARD THEORS, 200	SE OF DEATH (ITEM 27)				KS MILL	S, mo 21/17
	31. DATE FILED (Month, Day, Year)  ADD 2 1 1002	R'S SIGNATURE			0,00		,
	700	All Carlotte and the Control	A.Dil.				

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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TRANT. If them 30 to mention on them 32 shows and latines or other transmission mentions are madical and in a
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FUNER	within ?	TAME.

	1. DECEDENT'S NAME (First, Middle, Lest)  A C GUEL 1		SE (in yrs. lest birthd		SON ER 1 YEAR   IF UNDER 24 HR	2. DATE OF DEATH MONTH  7. DATE OF BIRTH	7 9=	YEAR O S COO
	217-68-3567	1 🗆 M 2 🅦 F	35 YR	S. MONTHS	DAYS HOURS MIN	10-30-5	6	Country) MD
TOR	Sa. FACILITY NAME (If not institution, give stre St Agnes Hospit RESIDENCE OF DECEDENT				altimore	DEATH	9c. COUNT	Y OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c.		or LOCATION Ltimore			10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER 2408 West Lafay	yette Ave	nue		10f. ZIP CODE 21217	7	10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	13	I WAS DECENDENT OF HIS If yes, specify Cuban, Ma: 1  YES 2 NO Sp	dcan, Puerto Rican, etc.)	fes or No- 1	4. RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coffege (1-4 or 5+) VCATS	Ille. Do NO	of work done of use retired.	during most of working	Balti	more (	STRY
O	17, FATHER'S NAME (First, Middle, Lest)	J				NAME (First, Middle, Meid		on or roy
BEC	Albert Leroy Jo	ohnson			Lavir	nia Franc	is Joh	nnson
10 8	19a. INFORMANT'S NAME (Type/Print) Patricia Johnso	on			es (Street and Number or Ru Power Cou	ral Route Number, City or 1	own, State, Zip C	ode)
	20a. METHOD OF DISPOSITION 1	val from Stata	20b. PLACE AND DA	TE OF DISPO	SITION (Name of		OCATION - CH	ly or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE			22	NAME AND ADDRESS OF	FACILITY Magazin	7	TI-
	///acgalean	y. Hense	on	Ë	son Fun Se Home 1701	r c/o ch McCulloh	atman- Balt	Harris Fun MD 2121
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	y, Lense interpretations that cause on its only one ceuse on	sed the death. D	Po not ente	son Fun Se Home 1701 or the mode of dying, a	r c/o ch McCulloh	atman- Balto	
	23. PART I. Enter the diseases, or co shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	Metas	Hatie	Can	son Fun Se Home 1701 or the mode of dying, a	uch as cardiec or res	Tean Gatman- Balto	Approximate Interval Between
	immediate cause (Final disease or condition	Metas DUE TO (OR AS	Hectic S A CONSEQUENCE	Can	er the mode of dying, s	uch as cardiec or res	Tean Gatman- Balt (	HARTIS FUNDO., MD 2121' at, Approximate Interval Betwee Onset and Dear
ATION	immediate cause (Final disease or condition	Metas  DUE TO (OR AL  De hy of 1	Hectic S A CONSEQUENCE	Com  E OF):	er the mode of dying, s	uch as cardiec or res	Tean Gatman-Balto	Approximate Interval Between
HILLGALION	anock, or heart failure. Li IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO JOR AS	Hatie s a consequence	Con not enter Con E OF):	er the mode of dying, s	uch as cardiec or res	Tean Gatman-Balto	Approximate Interval Between
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BY PHYSICIAN: MEDICAL	ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. 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PHYSICIAN: MEDICAL	abock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. 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BY PHYSICIAN: MEDICAL	ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. 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PLACE OF DEATH  27. PLACE OF DEATH  28c. INJURY AT  WORK?  1 YES 2 NO  ctory, office	in Part I. 24a. WIS.) PERF 1 YES  (Check only one) 28d. DESCRIBE HOW 28f. LOCATION (Streetly or Town, Steetler) Street to the cause(a) and mithe time, data and place,	IN AUTOPSY ORMED? 2 NO r INJURY OCCUI	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Chair 31. DATE FILED (Month, Day, Year)

2 32

OHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	1.24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	John J. Ke		Jr.							2. DATE OF DEATH MONTH April 18	3. 199	2 YEAR	3. TIME OF DEATH 5:20 P
ı	4. SOCIAL SECURITY NUMB 213-26-646		5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. ) 61.	last birthday) YRS.	IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Jan. 4, 1		8. BIRTH	IPLACE (State or Foreign
DIRECTOR	90. FACILITY NAME (If not Institution, give street and number) 2205 Kentucky Avenue  91. CITY, TOWN OR LOCATION OF D Baltimore								9c. COUNTY OF DEATH				
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY				19c. CC	TY, TOWN	OR LOC	ATION					10d. INSIDE CITY
PIG	Maryland				Baltimore							LIMITS?	
	10e. STREET AND NUMBER					101. ZIP CODE				10g. CITIZEN OF 1			
ER.	2205 Kenti	icky A	venue					212	13		1000	S.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 K 3 Widowed 4 Divo		12. WAS DECEDED FORCES?  IF YES, GIVE V  KOY	YES 2 MAR OR DATES	2 NO If yes, specify Cuban, Mexican				an, Puerto Rican, etc.)				
6	15. DEC	EDENT'S EDU	CATION	16a, E	ECEDENT'S	USUAL O	CCUPAT	ION		16b, KIND OF	USINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of fe. Do NOT u	work done ise retired.)	during m	ost of world	ng				
MP	NA		NA	S	ales					Aut	omobi	le Co	0.
00	17. FATHER'S NAME (First, Mi							18. MOT	HER'S NA	ME (First, Middle, Maid	en Sumame)		
BE	John J. Kon		Sr.							na Duffy			
2	19s. INFORMANT'S NAME (7)		<b>c</b> \	1						Route Number, City or			
	Ruth Komend		te)						e.,	Baltimore			
	20a METNOD OF DISPOSITI 1 Denation 5 Other	n 3 🗆 Rem (Specify)		20b. PLACE cemetery, c	remetory or of HOLY	Red	eeme	r Ce		ry B	altim	11-1-0-11-1	
	21. SIGNATURE OF FUNDO	SERVICE LIC	PHIER			22. S	NAME A	ND ADDRE	SS OF FA	ciuty eral Home	e In	0	
	Min	25	Land							ane, Balt			21212
	23. PART I. Enter the di ahock, or he iMMEDIATE CAUSE (First disease or condition resulting in death)	PART TOHUTO.	List only one cel	use on each in	10.	not enter	the m	ode of dy	ing, suc	h se cerdiac or re	piratory s	rreat,	Approximats interval Batween Onset and Daeth
	Tooling III dostily		DUE TO	(OR AS A CONS	EOUENCE O	PI /	/ (	N	4				Caucys
Z	Sequentially list conditi		· and	Sao	1 6	111	el	215	car	U			248ar
Ĕ	if any, leading to immed cause. Enter UNDERLY	fiste	DUE TO	(OR AS A CORE	EQUENCE O	Pi A	1.0	000	1	111			Cua
걸	CAUSE (Disease or Injur		c. DIJE TO	(OR AS A CONSI	EQUIENCE O		wi	400	010	y			3 year
Ē	that initiated eventa resulting in death) LAST		<01	OA A O C	a	100	07	tres	ACI	lerois c	Com	200.	5 111000
8		-	d.	un g	eur	race	CO	Juur	030	courses c	July	ru	J well
MEDICAL CERTIFICATION	PART II. Other aignificat	nt condition	s contributing to	death but not	resulting	in the ur	derlyir	g ceuse	given in		AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
													1 TYES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL											
ố 기	EXAMINER?		HOSPITAL:	CD (Out attack	a 🗆 aaa	OTHE	<b>4</b> :			eck only one)	-		
PHYSICIAN:	27. MANNER OF GEATH		28e. DATE OF		28b. TIN			JURY AT	sidence	6 Other (Specify) 28d. DESCRIBE NOV	V IN HIERY CO	CURED	
		Pending	(Month, D	Pay, Year)	IN.	JURY M	W	ORK7 YES 2	□NO	200. DESCRIBE NO	i maoni oc	CONED	
red BY	3 Suicide 6 0	rivestigation Could not be letermined	28e. PLACE O building,	F INJURY — At he	nome, ferm,	atreet, fact				26t. LOCATION (Stree City or Town, Ste	it end Numbe le)	r or Rural A	loute Number,
9	29e. CERTIFIER	EVINC PHYCI	CIAN: To the head of			100							
COMPLETED										to the cause(e) end n time, date and piece,			end menner ee stated.
BE	296. SIGNATURE AND TITLE	OF CENTIFIER	1	1,1%	00			29c. LICI	ENSE NUM	MBER	29d. DA	TE SIGNED	Comment of the same
2	106	11/	LOW	NU	R	che		DI	311	18	10	oup	re192
-	Dr. Gordon						31dg	, 560	01 L	och Raven	Blvd	.Balt	o, Md.
	31. DATE FILED (Month, Day, Y		32. REGISTRA	R'S SIGNATURE									
	HPR GI	747	TAND ON MAL	Idams Blow	1.00								

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bermit. Pages 1, 2, 3 should

92 10976 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Patrick Kaszuba 04 1992 12:05 PM 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State or Foreign (Month, Day, Year) 3 - 17 - 45 MARYLAND 1 XM 2 F YRS. 219-40-6069 47 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Medical Center Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MARYLAND BALTIMORF FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6833 EASTBROOK AVENUE 21224 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rid 1 YES 2 NO Specify: 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 12 YEARS TRAFFIC BALTO. CITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) WALTER KASZUBA STEPHANIE FIGINSKI BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. STEPHANIE KASZUBA 6833 EASTBROOK AVENUE BALTO. MD. 21224 20a. METHOD OF DISPOSITION
1)○Puriel 2 □ Cremellon 3 □ Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE HULY YOUR OS ARY CEMETERY 4-16 BALTO. CO. MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGHATURE-RPYFUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD. 21224 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch ea cerdiec or reapiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition recipio resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 IDOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO TAN A BY 3 🗌 S COMPLETED 4 -

atural 5 Pending coldent Investigation		M 1 YES 2 NO				
culcide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, str- building, etc. (Specify)	eet, factory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	N: To the best of my knowledge, death occurred On the bests of examination and/or investigation,					
Addre AND TITLE OF CERTIFIES	u	29c. LICENSE N		29d. CATE SIGNED (Month, Day, Year)		
TILED (Month, Day, Year)	OMPLETEO CAUSE OF OEATH (ITEM 27) (7500, P)  111 Peni 32. REGISTRAR'S SIGNATURE  Javidson-Randare	n Street, Balt		04 14 1992 land 21201		
0 T 1995						



29e. CERT (Chec

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31. DATE

BE 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTA	L HYGIENI	E			
. 1	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		T	3. TIME OF D	EATN
	CHARLOTTE	MARIE			KRUGER	MONTI ()4		19	YEAR O O	3:44	Р. м
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER t YEA			OF BIRTH			PLACE (State of	
	217-20-9448	1 M 2500F	65 YRS.	MONTHS DAY	S HOURS MIN.		0-1926		Country	land	
	Sa. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOV	N OR LOCATION OF D		0-1920	9c, COUN			
Œ	5438 NARCISSUS A			100	ORE CITY						
DIRECTOR	RESIDENCE OF DECEDENT										
2	10a. STATE 10b. COUNTY	•	10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE (	YTK
٥		timore City	Ва	ltimore						1 🔀 YES 2	□ NO
₹ I	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY	77
BY FUNERAL	5438 Narcissus A				21215			USA			
5	11. MARITAL STATUS  1 Never Married 2 XXMarried	12. WAS DECEDENT EVER I	N U.S. ARMED		DECENDENT OF NISPA specify Cuban, Maxic			or No-	14. RACE Black,	- American I White, etc.	indian,
λ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES 1 YES 2XXNO Specify: Specify: Whit							y: T.Th if the	.	
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	I IISHAL OCCUP	NTION	165	KIND OF BUS	INESS (INC)	IETOV	WILLE	-
	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working	100	. Kille of Bos	ME33/MD0	/J1111		
4	7 years	College (1-4 or 5+)	Homemak	er							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		trome men		IS. MOTHER'S N	AME (First, I	Middle, Malden S	Sumame)			
BE C	Leo Kelly				Mar	y Bay	vis	,			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Stre	et end Number or Rural			, State, Zip (	Code)		
2	Mr. Robert Kruger		5438	Narcis	sus Ave.	Ba1	timore	, MD	21	215	
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Rem	201	D. PLACE AND DATE	OF DISPOSITION	/Name of	DAT	F 20c. LOC	CATION — C	ity or Tov	vn, Stata	
9	4 Donation B Other (Specify)	M M	D Vetera	ns Ceme	tery 4-2	1+92	Garı	rison	, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAM	ng Byers	ACILITY	- 1 D4-			T	
	* John K A	12 mlust			Liberty						1133
	23. PART . Enter the diseases, or o	complications that cause	d the death. Do							Approx	
	shock, or heart fallure.  IMMEDIATE CAUSE (Finel	List only one cause on e	each line.	1							Between
	disease or condition resulting in death)	121965	Sive	nant	tail	-0					
	reauting in death)	DUE TOYOR AS	A CONSEQUENCE O	f):	1000	C C	2			1	
z	Alleren and Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial	A									
SE I	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C									
E	that initiated events resulting in death) LAST	DUE TO (OR AS )	A CONSEQUENCE O	<b>f</b> ):							
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CAL	PART II. Other significant condition	is contributing to deeth i	out not resulting	In the underl	/ing ceuse given ir	Part I.	24a. WAS AN			WERE AUTOPS	
2							PERFORI			AWAILABLE PRI	
Ä										OF DEATH?	□ NO
ż											
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF DEATH (C	heck only on	ie)				
Sic	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER: 4  Nursing I	Iome 5 X Residence	8 🗆 Othe	r (Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c.	INJURY AT WORK?	28d. DES	CRIBE HOW IN	JURY OCCI	URED		
ВУ	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	/ — Al home, ferm, cify)	atreet, factory, o	ffice		ATION (Street as or Town, State)	nd Number o	or Rural Ac	oute Number,	
	4 Nomicide determined										
PL		ICIAN: To the best of my know	vledge, death occurr	ed at the time,	lete and place, and du	a to the cau	use(s) and man	ner as state	d.		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beals of examination	on and/or investigation	on, in my opinio	n, death occured at the	e time, data	and place, and	dua to the	cause(a)	and manner a	a stated.
	296. SIGNATURE AND TILE OF CERTIFIE	College			29c. LICENSE NU	MBER	T	29d. DATE	SIGNEO (	(Month, Day, Ye	er)
38 C	NY	- / IX	~		O.C.M.	E.				-1992	
2	30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM 27) (Type	, Print)	1 313111			0 9		4116	
	HIW.	MOXI (A)		111 PE	N STREET	BALT	IMORE	MARYI	AND	21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									
	APR 21	1992 gulier	Tevidon-18	Moore							

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BALTIMORE, MARYLAND 21215-0020	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics	
B/8	ours after o	
	24 hc	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	cuted within	
BOX 6	cate be exe	
P.O.	ath certifi	-
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RECC	requires t	•
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TA	The	•
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S	TTEN	1
N N	DR A	-

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)		~					2. DATE OF DEATH		3. TIME OF DE	ATH
	THELMA	KIRK	Thelmo	r EL	izabet	r Kirk		OY D	9	72 4:0	7 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last i		IF UNDER 1 YE	R IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Country)	Foreign
	219 03 0581	1 M 2 XF	78	YRS.				3/28/1	4	Md.	
~	Se. FACILITY NAME (If not institution, give		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	Francis Scott Key	Medical (e	enter		Baltimore						
REC	10a. STATE 10b. COUNT	10c. CIT	TY, TOWN OR LOCATION 16d. INSIDE CI								
	Md.				Baltin	none				1 X YES 2	NO
FUNERAL	10s. STREET AND NUMBER					10f. ZIP COD	E			ZEN OF WHAT COUNTRY?	
NE	717 S. Dean Stre					212	24			S.A.	
	1 Never Married 2 Married	12. WAS DECEOENT EVI FORCES? 1   Y	ES 2 NO	ED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE — Am Black, White						dien,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR O	H DATES		10	ES 2 NO	Specify:			Specify: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementarry/Secondary (0-12)  College (1-4 or 5 +)  17. FATHER'S NAME (First, Middle, Last)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  DOMESTIC  18. MOTHER'S NAME (First, Middle, Meiden Surneme)											
MP	17. FATHER'S NAME (First, Middle, Last)			DOIN	esite						
	17. PAIRER'S NAME (FIST, MIODR, LEST)	Doch	ield			18. MOT	HER'S NAM	IE (First, Middle, Meiden	Surneme)		
BE	19e. INFORMANT'S NAME (Type/Print)	Dust		MAILING	ADDRESS (Stra	et end Number	or Bural Bo	oute Number, City or Tow	m State Zin	Codel	
2	Phyllis Rea		7	17 5	Dean	St. B	alto.	M. 2122	4	0000)	
	20e. METHOD OF DISPOSITION  1X Burlel 2 Cremation 3 Rem	novel from State			F OISPOSITION	(Name of	2000			City or Town, State	
	4 Donation 6 Other (Specify)		Holly i	Hil		Garde	ens		Middl	le River, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0		1000	AND ADDRE				9015.	
	Charle	W. Ju	Xc					er & Son.	Inc.	901 S. Conkling S.	t.
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that cau	sed the deal n each line.	th. Do n	ot enter the	mode of dy	ing, such	ss cardlec or respi	ratory srr	est, Approxir	nate
	IMMEDIATE CAUSE (Final disease or condition	Dur	-11 110	2.1	71					Onset ar	
	resulting in death)	S. OUE TO (OR	UTYIC	10	LA					3/	1/92
7		CONG	FSTI	VK	111-11	STA	CAI	LURF		4/	1/93
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	OR AS A CONSEQUENCE OF:				20.4		21	1 10	
2	CAUSE (Disease or Injury	c /1/ YOC	4RDI	1+1	- II	JFAR	CTI	ON		7/3/	199
CERTIFICATION	that initisted events resulting in death) LAST	POSS-	S A CONSEOU	IENCE OF	7: 1/1/1/1/1	LOV	CN	BOLUS		944	hill
		d. 1 ( 30)	- NAZ	PU	4101			100 44 0		0111	0000
MEDICAL	PART II. Other significant condition			sulting I	n the underly	ing cause	given in P	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY AMAILABLE PRIOR	
ă	OKAUT CARDLO		×2	JA	J LITS	1 140	NIT	1 TES 2	□ NO	COMPLETION OF OF DEATH?	CAUSE
- 1	CHRONTC OBST					JISEN	SE	_		1 🗌 YES 2 🗍	NO
AN	25. WAS CASE REFERRED TO MEDICAL	COLON	CAN	CE		PLACE OF 0	FATAL (OL				
PHYSICIAN:	EXAMINER?	NOSPITAL:	Outnationt 3	1004	OTHER:			Other (Specify)			
Ĭ	27, MANNER OF DEATH	28e. OATE OF INJU	RY	26b. TIM	E OF 28c.	INJURY AT	-	28d. DESCRIBE HOW I	NJURY OCC	CUREO	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yei	17)	INJ	M 1 [	WORK? YES 2	NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (	URY — At home Specify)	e, ferm, s	treet, factory, c	Mice		281. LOCATION (Street of City or Town, State)	and Number	or Rural Route Number,	
COMPLETE	4 Nomicide determined										
릴		ICIAN: To the best of my ki									
00	2 MEDICAL EXAMINE	ER: On the bacle of examin	etion end/or inv	restigation	n, in my opinio	, death occur	ed at the ti	me, date end place, en	d due to the	e ceuse(e) end menner ee	atated.
BE	296-SIGNATURE AND TITLE OF CENTIFIE	1	1			29c. LICE	LOG	BER	29d. DATE	SIGNED (Month, Day, Year	)
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETEO CAUSE OF	OEATH (ITEM :	27) (7/De	Print)	יעו	122	10	4	114147	
	R. DECKMA	NN FRI	HIGIE	50		GY MI	400	TP BA	45	MD DNY	4
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE	2	01113	1 / 10		16. 131	4	·UANI	/ .
	APR 21 1992	grain Davidson	-Nanae	6							



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BALTIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physician. in by the funeral director, page 5 should be detached for use as the burial-trans removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 16 within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTI	FICATE	E OF D	EATH		REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Lae	Dorothy E	elen k	CAMINS	KI		2. DATE MONT	of DEATH	*1992 *	AR 3.	TIME OF DEATH 3:40
	4. SOCIAL SECURITY NUMBER 214-24-9268	1 □ M 2 💢 🗲	AGE (In yrs. leet birthde, 64 YRS.	MONTHS		UNDER 24 HRS.	7. DATE (Mont) 3-1	OF BIRTH 1, Day, Year) 9-192	0.1	BIRTHPL/ Country MAR!	NCE (State or Foreign YLAND
HOH	98. FACILITY NAME (If not institution, give FRANKLIN SQUARE RESIDENCE OF DECEMENT			9b. CITY	ROS	SVILL			9c. COUNTY Baltin		н
DIMECTOR	MARY LAND	BALTIMORE	10c. C	HTY, TOWN C	TOWN OR LOCATION ESSEX						d. INSIDE CITY LIMITS?  YES 2
LONEHAL	100. STREET AND NUMBER 330 ESSEX AVENU	E			10f, ZIP		221		10g. CITIZEN	U.S.	
0	11. MARITAL STATUS 1 Never Married Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1  IF YES, GIVE WAR	YES 2 XXO		WAS DECENDED If yes, specify I PES 2	Quban, Mexic	an, Puerto I	? (Specify Ye lican, etc.)		RACE — Black, W Specify:	American Indian, hite, etc.
COMPLEIED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) 1 2TH GRADE		16e. DECEDENT (Give kind of life. Do NOT	of work done of use retired.)	CCUPATION during most of		16b	KIND OF BU	SINESS/INDUST	RY	
5	17. FATHER'S NAME (First, Middle, Last)	IV/A		HUM		MOTHER'S N	AME (First, A	fiddle, Maiden	HOME Surname)		
	JOSEPH T. RICE								GLYCZYN		
2	JOHN S. KAMINSK	I			AVENU				m, Stute, Zip Coo		21221
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State	20b. PLACE AND DAT	E OF DISPOS	ITION (Name of		DAT	20c. LC	CATION - City	or Town	State
	21. SIGNATURE OF FUNDING SERVICE	CENSES		22.1	DUDA-	RUCK I	FUNER	AL HOL	ME OF D	UNDA	LK INC. 21222
OFFICE ICALION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Hypoxia  OUE TO (OF	AS A CONSEQUENCE	OF): OF):	eumoni	a					Onset and Dea
	Anemia Alcohol Abuse	ons contributing to de	eth but not resulting	g in the un	derlying car	use given in	Part I,	24a. WAS AN PERFOI 1 YES 2	RMED?	CO OF	RE AUTOPSY FINDING MALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
THE STORY. H	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					OF OEATH (C	neck only on	9)			
	1 YES 2 X NO	HOSPITAL:			sing Home 6		T				
	1 Matural 5 Pending Investigation	28e. DATE OF INJ (Month, Day, )		IME OF NJURY M	28c. INJURY WORK?		28d. DES	CRIBE HOW	NJURY OCCURE	D	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE DF IN building, etc.	JURY — At home, ferm (Specify)	, street, facto	ory, office		281. LOCA	ATION (Street or Town, State)	and Number or R	ural Route	Number,
		SICIAN: To the best of my								use(s) en	d manner ae stated.
200	29b. SIDNATURE AND TITLE DF CERTIFI	Fellis.	1/2-			LICENSE NU			294. DATE BIO		
	Frances Fergus		ooo Frank		quare	Dr., E	alto	, 212	37	,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								

OHMH-18 Rev 1/89

1. DECEDENT'S NAME (First, Middle Last)

FOR STATE REGISTRAR

-ller

YEAR 9

3. TIME OF DEATH

pm

do.

2. DATE OF DEATH 17/92

Page 6 may be retained by the hospital or attending physician. director, funeral ours after death. n by the f filled in by 0 cremation, completely requires that the death certificate be executed within burial. and prior to attending physician ntal Hygiene prior to the atter

**MARYLAND 21215-0020** 

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law

15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTN IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign MARYLAND 10712/13 212-03-8777 1 M 2 WX 78 page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERCY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 211 MALLOW HILL ROAD U.S.A. 21229 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yee, specify Cuban, Maxicen, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 X NO 1 Never Married 2 Married IF YES, GIVE WAR OR OATES BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SECRETARY FIDELITY & DEPOSIT BANKING once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN A. SNOOK te BE CARRIE E. (HOFFMAN) notified a 19a. INFORMANT'S NAME (Type/Print) Kilmer 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOHN MILTON KIMER (SON) MALLOW HILL ROAD BALTIMORE, MD 21229 Pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE LOUDON PARK CEMETERY 4/21/92 BALTIMORE, MD examiner 21. SIGNATURE OF THREMAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME usseella 1630 EDMONDSON AVE CATONSVILLE, MD 21228 medical 23. PART I. Enter the diseases, Dr complication that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart feliure. List only one cause on each line. Approximete Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** the disease or condition_ ubdura resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): ens traumatic CERTIFICATION Sequentially list conditions, OUE TO OR AS A CONSEQUENCE OF If any, leeding to immediate cause. Enter UNDERLYING other 1 CAUSE (Diseese or injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS has been signed by the Dept. of Health and I AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) this certificate h ltem. EXAMINER? HOSPITAL: OTHER 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation BY t YES 2 NO After death 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 69 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A 8 Could not be 28 4 Homicide Item 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. THE FUNERAL IJED WITHIN 72 1 MPORTANT: II 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER D2639 BE 29d. DATE SIGNEO (Worth, Day, Year) 92 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type) Print) 30. NAME AND ADDRESS OF Pai O,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE ELLEN ELIZABETH KILMESERTIFICATE OF DEATH REG. NO.

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Harmon John

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending phys	y the funeral director, page 5 should be detached for use as the burit noval.
	24 hours	filled in b
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist hours show that the Chair page in of Maria Hunisha prior in burist, cremation, or removal

V)	1. DECEDENT'S NAME (First, Middle,	in baby Giri		oBrytto		2. DATE OF DEATH MONTH DA	v - 92	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER N/A	1 🗆 M 2 🗽 F	E (In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	72 "	BIRTHPLACE (State or Fore) Country) Marylan
CTOR	90. FACILITY NAME (If not institution, St. Joseph's	Hospital			OR LOCATION OF D	EATN	Ba]	ltimore Cou
DIRECT		OUNTY		TY, TOWN OR LOC				10d. INSIDE CITY LIMITS?
- 4	Maryland  100. STREET AND NUMBER  2217 Clovill	o Avenue		Baltimor	e CT Ly 101. ZIP CODE 21214			of what country?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER	S 2 YNO	If yes, a	ECENDENT OF NISPA	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)		RACE — American Indier Black, White, etc. Specify: White
PLETED	15. DECEDENT" (Specify only highest Elementary/Secondary (0-12)			s usual occupat f work done during in use retired.)	nost of working	16b. KIND OF BUS	SINESS/INDUST	TRY
BE COMPL	17. FATHER'S NAME (First, Middle, La Antonio Lob	Brutto			16. MOTHER'S N	AME (First, Middle, Malden Celly Green		
10	198. INFORMANT'S NAME (Type/Print  Mrs. Kelly Lob  209, METNOD OF DISPOSITION	Brutto		7 Clovil	lle Avenu			ryland 212
	21. SIGNATURE OF FUNERAL SERVI	Mark T.	Most Holy Zavoyna	Lec	and address of F	Ruck, Inc.		re, Marylan . Md. 2121
	ahock, or heert fe	a, or complications that cau- illure. List only one cause or	sed the deeth. Do n each line.			d RD. Balt		Approxima
rion	ahock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. EXT OUE TO (OR A	each ilne.	PREMA OF):	node of dying, su		iratory arrest	Approxima Interval Be Onset and
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n. Decedent's NAME (First, Middle, Last)  Dorothy Lovell Luzzie													3. TIME OF DEATH	
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			rs. last birthday)	IF UNDE	R 1 YEAR	HOURS	MIN.	Miles M. Dev. March			Countr			
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9a. FACILITY NAME (If not	institution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DE				EATH		9c. COL	INTY OF D	EATH	
Manor Care	Tows	n			To	wson					Bal	Ltimo	re	
RESIDENCE OF DE	CEDENT													
10a. STATE	10b. COUNTY				.,	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
Maryland	Hari	ora		LW I	nite	ford							1 YES 2 NO	
10e. STREET AND NUMBER	1					10	. ZIP COD	€			10g. CI1	IZEN OF V	WHAT COUNTRY?	
2022 White	ford Po	had					2116	50			17.5	S.A.		
11. MARITAL STATUS	LOLG III	12. WAS DECEDEN	T EVER IN U.	S. ARMED	13	WAS DEC		_	NIC ORIGIN?	(Specify Yes	-		E — American Indian	
1 Never Married 2		FORCES? 1				If yes, sp	ecify Cuba	ın, Mexici	an, Puerto Ric	en, etc.)			E — Americen Indian, k, White, atc.	
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Robert M.	Love]	3									Sumame)			
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19a. INFORMANT'S NAME									Route Number					
Dorothy L				2022	Whi	te fo	rd Ro	d.	White	ord,	MD.	2116	50	
20a, METHOD OF DISPOSI X M Burlal 2 Cremati	TION	comi from Chata		ACE AND DATE			ime of		OATE	20c. LO	CATION -	City or To	wn, State	
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21. SIGNATURE OF FUNER	AL SERVICE LIC	ENSEE		· oanc.			ID AOORE			-1 -2	11011			
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disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Separation of the initiated events  A Separation of the initiated events  Separation of the initiated events  Separation of the initiated events  Onset and Deat of the initiated events  Onset and Deat of the initiated events  Onset and Deat of the initiated events  Onset and Deat of the initiated events  Onset and Deat of the initiated events  Due to (or as a consequence of):														
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY FINDER														
Dementia										PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
OF MAD CARE DEFENDED.	0 450/01													
25. WAS CASE REFERRED 'EXAMINER?	O MEDICAL	HOSPITAL:			QTHE		ACE OF D	EATH (Ch	eck only one)					
1 TYES 2 NO		1 Inpatient 2	ER/Outpation	nt 3 🗆 DOA			• 5 □ Re	sidence	6 Other (	Specify)				
27. MANNER OF OEATH		28e. DATE OF (Month, D	INJURY lay, Year)	28b. TIM	E OF	28c, INJ WO	URY AT		28d. OEŞCI	NIBE HOW I	NJURY OC	CUREO		
Natural 5  2 Accident	Pending Investigation				M		ES 2	NO	The second second					
2 Devlates -	Could not be determined	28e. PLACE O building,	F INJURY — I atc. (Specify)	At home, ferm,	street, fac	tory, offic			28f. LOCAT City or	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
		CIAN: To the best of e											) end menner ee stated	
296. SIGNATURE AND TITLE	ONCERTAIN	7.1					29c. LICE	ENSE NUI	MBER	-	29d. DAT	E SIGNEO	(Month, Day, Year)	
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30. NAME AND AD RESS O	E DEBGON MIN	O COMPLETED COM	SE OF DEATH	ATEM OF A	O-/			7 1	101			110	11-	
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31. DATE FILED (Month, Day,	43 .	32. REGISTRA	A'S SIGNATU	RE RE										
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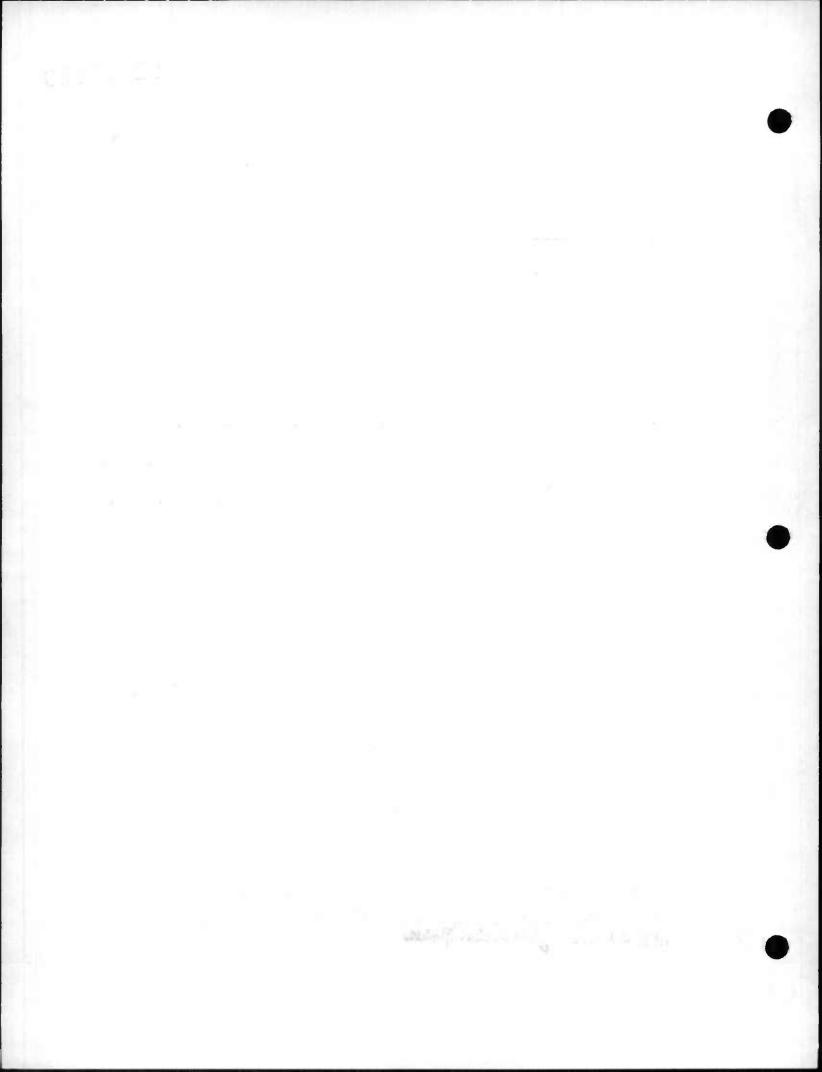
## BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-	1 - STATE REGISTRAR		CEH	TIFICATE	- 01 -			REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. 1										
	Condelia K.  4. SOCIAL SECURITY NUMBER	Langhint					A	pril 19	199		8:20 A
			(In yrs. leat birt	MONTHS		IF UNDER 24 HR	-	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign
	220 )0 )121		95	YRS.				-13-189	6	M	land
	9a. FACILITY NAME (If not institution, give str			9b. CITY	, TOWN OR	LOCATION O				TY OF DEATH	1
CTOR	Greenery Exten	ded Care		Bal	timo	ne			124		
5	Greenery Extended Care Baltimore  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY TOWN OR LOCATION										
DIRE	A :		10	De. CITY, TOWN (						100	I. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER				1+im	ore					YES 2 NO
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5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES			WAS DECEN	NDENT OF HIS	PANIC C	ORIGIN? (Specify Yes	or No-	14. RACE — A	American Indian,
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ETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECED	ENT'S USUAL Of ind of work done NOT use retired.)	during most	of working		16b. KIND OF BUS	SINESS/INDU	ISTRY	
ZE	Elementary/Secondary (0-12)	College (1-4 or 5+)						11			
COMPL			Home	emaken					me		
S	17. FATHER'S NAME (First, Middle, Last) Will Drury							First, Middle, Maiden	,		
BE								e Allen			
5	19a. INFORMANT'S NAME (Type/Print)	a						Number, City or Tow	the second section is	,	
_	Mrs. Ella May 1	ricarello	2/4	N. R	01e	St. L	al	to., MD	. 21.	224	
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31. DATA FIR (M2"1"1992



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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

!	1. DECEDENT'S NAME (First, Middle, Last)			*** * ***					2. DATE O	F DEATH	MY	YEAR	3. TIME OF DEA	ATN
ŀ		WARD G.		NBAUN						L 16,	1992		12:15	P
	215-09-9331  • FACILITY NAME (If not institution, give stre	AGE (In yrs. last	YRS.	MONTHS	DAYS	HOUPES MIN. 7. DATE OF BIRTY (Month, Day, Year) JULY 9, 1912								
_	3801 SCHNAPER DRI				Pb. CITY, TOWN OR LOCATION OF DEATH  RANDALLSTOWN  BALTIMORE									
	MARYLAND BAL		10c. CIT	v, town		TION LSTOW	N					10d. INSIDE CIT		
FUNEHAL	3801 SCHNAPER DRI	VE ADT	. 418			10	. ZIP CODE		2	10g. CITIZEN OF WHAT COUNTRY				
0		12. WAS DECEDENT E FORCES? YW IF YES, GIVE WAR	VER IN U.S. ARI	U.S. ARMED  13. WAS DECEMDENT OF NISPANIC ORIGIN? (Specify Yea or No— It yes, specify Cuban, Maxican, Puerto Rican, stc.)								So A.  14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Gi	Do NOT us	work done se retired.)	during me	ON pst of working			CIND OF BU	SINESS/INC		ISTRY	
ų L	17. FATHER'S NAME (First, Middle, Last)  EDWARD GEORGE LINI	NBAUM					AN	NA E	ME (First, Mic CLIZA)	BETH	HERBI	- 01		
2	19a. NFORMANT'S NAME (Type/Print) EVELYN LINNBAUM	(WIFE)	3	3801	SCH	IAPE	R DRI	or Rural R	RANDA	r, City or Tow LLSTO	m, Stete, Zip WN, MI	• ∞ <b>4</b> PT	1.418 1133	
L	20a. METHOD OF DISPOSITION  1 X Xurial 2 Cremation 3 Remov  4 Donation 6 Other (Specify)	206. PLACE A	PIEW	of dispos	ORIA	L PAR	K 4	OATE /20/		YKESV				
1	21. BIGHATURE OF PURERAL SERVICE LICENSEE				LI	EROY		RUS	SELL				ERAL HO	
NO INCLUDIO	disease or condition a.  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	AS A CONSEC	A CONSEQUENCE OF):											
	PART II. Other significant conditions	ath but not re	sulting in the underlying cause given in Part I. 24s. WAS AN A PERFORM 1   YES 2						MEO?	246. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1  YES 2		CAUSE		
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO.  1   Input lant 2   FR/Outpetlant 3   DOA 4   Male No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No. 10   No.											_		
	7. MANNER OF DEATN  1 Netural 5 Pending	28a. DATE OF INJ (Month, Day, 1	URY	tpatient 3 DOA 4 Nursing Home 5 Res					ance 8 ☐ Other (Specify)  28d. OEŞCRIBE HOW INJURY OCCURED					
	2 Accident envestigation 3 Suicide 6 Could not be detarmined	JURY — At hon (Specify)	ne, tarm, s	treet, tect				28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
2	29s. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and placa, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and placa, and due to the cause(s) and manner as stated.											atated,		
1	SIGNATURE AND TITLE OF CERTIFIER	Hel	_ /	りり			29c. LICEN	12C	BER 396		29d. DATI	E SIGNED	(Month Day, Year)	)
	Dauls Property Day Jegs,	Jahr	500	,	Print)	_	Rav	cn	1396 13	wel	6	212	39	
1	APR 9 1 1002	32, REGISTRAR'S	SIGNATURE											

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Back Str.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	BEALTH AND	MENTAL HYGI REG. 1	ENE	10303					
	W. Lewis ,	Sr.			2. DATE OF DEATH MONTH 4/18/9	2 Y	EAR 3. TIME OF DEATH					
143 01 7289		(In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country) Va.					
9a. FACILITY NAME (If not institution, give				rs Stat		9c. COUNTY	Balto					
2708 Delk RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10e. CITY,	TOWN OR LOCAL	Statio	n		10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
10e. STREET AND NUMBER 2708 Delk	Ct.		10	1. ZIP C201.22	2	10g. CITIZE	N OF WHAT COUNTRY?					
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	if yes, sp	CENDENT OF HISPA secify Cuban, Mexico 2 XNO Special	NIC ORIGIN? (Specify an, Puerto Rican, atc.) fy:	Yes or No — 14	Black, White, atc.					
15. DECEDENT'S ED (Specify only highest green Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S U (Give kind of wr life. Do NOT use Superv	ork done during mo retired.)	ON ost of working		. Stee						
17. FATHER'S NAME (First, Middle, Last) Edward	Lewis			18. MOTHER'S NA Lucy	J. Mo	den Sumame) rton						
198. INFORMANT S NAME (Typerfilm)	19a. INFORMANT'S NAME (Type/Print)  Ida Mae Lewis  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City of Town, State, Zin Code) 2708 Delk Ct. Balto., Md. 21222											
20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Re 4 Donation 8 Other (Specify)	1 Special 2 Cremetion 3 Removal from State TT - 9/her glace) TT : 1 1 C											
21. SGNATURE OF FUNERAL SERVICE	a Morts	=10)			rton & ns St.		,Md. 21222					
23. Part I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List only one cause on	each line.	ot enter the mo	ode of dying, suc								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at Initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
Congestive he	RT II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Congestive heart failure  Coronary artery disease											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:											
	1 ☐ Inpetient 2 ☐ ER/Out  28e. DATE OF INJURY (Month, Day, Year)		OF 28c. IN.	JURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HO	RED						
2 Devictor	28e. PLACE OF INJUR	IY — At home, farm, a ecify)	treet, factory, offic	De .	28f. LOCATION (Str. City or Town, S	vet and Number or tate)	Rural Route Number,					
enel	VSICIAN: To the best of my known NER: On the basis of examination											
296. SIGNATURE AND TITLE OF CERTIF	tann	~		29c. LICENSE NU		29d. DATE 1	SIGNED (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON N				Paint Al.	2 R-14	in use	20211					

32. REGISTRAR'S SIGNATURE



31. DATE FILED (Month, Day, Year)
APR 21 1992

DHMH-18 Rev 1/89

TENDING	TO THE FUNERAL OIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurist-transit narming pages 1 2 a should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	FOR  1 - STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAR	RTMENT	OF H	EALTH	AND N	MENTAL HYG	ICIAC	92	10986
	1. DECEDENT'S NAME (First, Middle,	(FAIL	ESTHER I	ERTIF		OF	DEA	Н	2. DATE OF DEAT		YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 214-18-1437-D	5. SEX 1 M 2 XF	6. AGE (In yrs. Is	lasi birthday)   F UNDER 1 YEAR   IF UNDER 24 HRS.   WINDER 24 HRS.   WINDER 25 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WINDER 26 HRS.   WIND					7. DATE OF BIRTH (Month, Day, 16, 9/03/1	17 -	8. BIRTH	HPLACE (State of Formity MARYLAND
S S	90. FACILITY NAME (If not institution,	9e. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GENERAL HOSPIT					R LOCATIO				JUNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. CO			10c. CIT	Y, TOWN O	R LOCAT						10d. INSIDE CITY
FUNERAL C	100. SIREET AND NUMBER 2500 W. BELVED	ERE AVE.,	APT. 60	5		101.	ZIP CODE	1215			TIZEN OF V	1 YES 2 NO
8	11. MARITAL STATUS 1  Never Merried 2  Merried 3  Widowed 4  Divorced	FORCES?	NT EVER IN U.S. AI I YES 2 X MAR OR OATES	RMED	1 11	f yes, spe	ENDENT O	F HISPANI n, Mexican Specify:	IC ORIGIN? (Specif , Puerto Rican, etc	y Yes or No-	14. RACI	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)				DENT'S USUAL OCCUPATION kind of work done during most of working to NOT use retired.) HOUSEWIFE					ME	
BE CON	17. FATHER'S NAME (First, Middle, Last SAMUEL	WOLKOVSK	ΥY				18. MOTH	LEN	NE (First, Middle, Me	iden Sumame)	FRANK	KLIN
2	190. INFORMANT'S NAME (Type/Print)  MRS. LINDA EIE	RMANN	19	18 S	ADDRESS TUAR	(Street ar T MI	nd <i>Number</i> LLS	or Rural A PLAC	E CATO	SVILL	E, MC	21228
	20a. METHOD OF DISPOSITION    Burlel 2   Cremetion 3   4   Donation 5   Other (Specify)   21. SIGNATURE OF FUNERAL SERVICE		20b. PLACE cornetery, cre	AND DATE OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMME	PRE N	ATIC		4/	20/92	BALT:	City or To	
		ie Levi				SOI 601	LEV O RE	INSO	N & BROS	RD., B	ALTO.	, MD 21215
	23. PART I. Enter the diseases, shock, or heart fallt IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. AL DUE TO	OR AS A CONSE	OUENCE OF	24	247	ton					Approximate Interval Batween Onsat and Death
HILLAIION	disease or condition resulting in death)  a. Hence Respiratory Failure  Due to (or as a consequence of):  Carley Taring Failure  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
CERT	that initiated eventa resulting in death) LAST	d										
WEDICAL	ALZHERMANS DITCHSE, MYNOCHURDIDISAND VES 2 NO OF DEATH?										WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
T SICIAN.	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1											
10	27. MANNER OF DEATH  28e. DATE OF INJURY (Morith, Day, Year)  28b. TIME OF INJURY 1 Netural 5 Pending 2 Accident Investigation  M 1 YES 2 NO											
150	3 Suicide a Could not be determined  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										loute Number,	
COMPL	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated.											
10 00	29c. LICENSE NUMBER 29d. DATE SIGN  DIRECT  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DRLATS DO 6. CONTAINED RD BECH RANDALIS FORM  31. DATE BLOD (14.75)									TE SIGNED	(Morth, Day, Year)	
	URLANDO (	32. REGISTRA	Portu	) /	D)	B	CG+	+ K	PAN DAL	ISFOR	UNU	Mal 21133
	APR 21 1992	y wave	dson-yand									OHMH-16 Rev 1/89
1												ALIMITA 10 LISA 1/08

e nospital or attending physician.	etached for use as the burlal-transit permit, Pages 1, 2, 3 should	TICE.
TO THE MOSTING OF ALL ENDING PRINCIPLY. HE LAW TEQUIPES THAT THE LOW TO BE THE TOWN ATTENDED AND THE TOWN ATTENDED BY THE MOSPICAL OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE TOWN OF THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

Itual	24		an	dman		2. DATE OF OEATH	6 1992	5.45 A
4. SOCIAL SECURITY NUMBER 219-10-3708	1 □ M 2 □XF	AGE (In yrs. lest		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/8/1927	Con	THPLACE (State or Foreigntry) MARYLAND
9a. FACILITY NAME (If not institution, give 6606 PARK HTS.		403			TIMORE	TH	9c. COUNTY OF	DEATH
10e. STATE 10b. COUN MARYLAND	ΤΥ		10c. CITY	, town or locat BALT	IMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 6606 PARK HEIGH	TS AVE., AF	PT. 403		101	21215		10g. CITIZEN OUSA	F WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1  IF YES, GIVE WAR	YES 2 X NO	ED )	If yes, spi	ENDENT OF HISPANIC Icily Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	81	ACE — American Indian, ack, White, stc. sectly: WHITE
15. DECEDENT'S EO (Specify only highest grau Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	(G/v	kind of w Oo NOT use	USUAL OCCUPATION ork done during monotred.)  JSEWIFE		NAME OF THE OWNER.	HOME	1
17. FATHER'S NAME (First, Middle, Last) ALFRED SCHERR					18. MOTHER'S NAMI EDNA	First, Middle, Meiden ME	Surname) YERS	
196. INFORMANT'S NAME (Type/Print) ALBERT LANDMAN					nd Number or Rural Ro			MD 21215
20a. METHOD OF DISPOSITION    Mainfal 2   Cremation 3   Rai  4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		ARLTN	efory or oth	CHIZUK 22. NAME AN SOL	AMUNO) 4  ID ADDRESS OF FACIL  LEVINSON	/17/92 & BROS.,		
disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	D. OUE TO (OF	R AS A CONSECU	JENCE OF	):				
CAUSE (Disease or injury that initiated events resulting in death) LAST	d		nuitina ir	the underlying	ceuse given in Pr	nrt I. 24e. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO
that initiated events	one contributing to de	eth but not re				1 YES :	No	OF DEATH?  1 YES 2 NO
that initiated events resulting in death) LAST	HOSPITAL:			26. PL OTHER:	ACE OF OEATH (Check	s only one)	2 D/NO	OF DEATH?
PART II. Other eignificent condition  2s. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   El 28a. DATE OF IN. (Month, Day,	R/Outpatient 3 [ JURY Year)	DOA Z6b. TIME	26, PL OTHER: 4   Nursing Hom OF 28c, INJ RY WO 1   1	o 5 D Residence 6  JRY AT RK?  TES 2 D NO	c only one)  Other (Specify)  Bd. DESCRIBE HOW I	INJURY OCCUREO	OF DEATH? 1 VES 2 NO
PART II. Other eignificent condition  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined  29e. CERTIFFIER (Check only)	HOSPITAL: 1   Inpetient 2   El 28a. DATE OF IN. (Month, Day,	R/Outpatient 3 [ JURY	DOA 26b. TIME INJU	26. PL OTHER: 4   Nursing Hom OF 28c. INJ WO 1   Nursing Hom Wo 1   Nursing Hom orest, factory, office	o 5 PResidence 6 URY AT RK7 (ES 2 NO 2 end place, and due to	only one)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)	and Number or Run	OF DEATH?  1 YES 2 NO
PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 4 Homicide 5 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 1   Inpatient 2   El 28a. DATE OF IN. (Month, Day, 26e. PLACE OF IP building, stc.  SICIAN: To the bast of my NER: On the basis of axam	R/Outpatient 3 [ JURY	DOA 26b. TIME INJU	26. PL OTHER: 4  Nursing Hom OF IRY M 1  N 1  N Treet, factory, office d at the time, date i, in my opinion, d	o 5 PResidence 6 URY AT RK7 (ES 2 NO 2 end place, and due to	only one)  Other (Specify)  ed. DESCRIBE HOW ( City or Yown, State)  the cause(a) and mere, data and place, an	and Number or Run	OF DEATH?  1 YES 2 NO



Age and the same

use as the burial-transit permit, Pages 1, 2, 3 should

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10 Injury,

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PHYSICIAN: or Item 23

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MPORTANT: If Item

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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

that initieted events

3 Suicide

4 Homicide

6 Could not be

200 SUCH ATURE AND TITLE OF CERTIFIER

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	Pi-
웊	3	with

92 10988 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF BEATH ampe YEAR Nettie MONTH -92 :40 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS 212-74-6364 1 M 2 X F 101 2/7/1890 NEW YORK 9s. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH PIKESVILLE NURSING HOME PIKESVILLE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1017 FLAGTREE LANE 21208 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced WHITE 15. OECEDENT'S EOUCATION (Specify only highest grade comple 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JOSEPH** SPIRO RACHEL SCHOENBERG 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. JOYCE KLEIN 1017 FLAGTREE LANE BALTIMORE, MD 21208 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State FLUSHING, QUEENS CO., NY 4/14/92 MOLINT HERRON 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD ona that coused the death. Do not enter the mode of dying, such se cardiec or respiratory arrest, Approximate one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition SEPTICAEMIA resulting in death) DIE TO (OR AS A CONSEQUENCE OF): ASPIRATION NEUMONIA Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF)

esulting in death) LAST	d							
HYPETENS ATHEROSCU	PSTRUCTIVE	Pul	monary Dis	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
S. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Check only one)							
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	DOA OTHE						
7. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED			

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

28595

DUE TO (OR AS A CONSEQUENCE OF):

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ. Print)

7200 PARK

32. REGISTBAR'S SIGNATURE

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

supply reduced to the light

13146, BALIIMORE, MARYLAND 21203-3146	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	matic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / DEPARTMENT	T OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICAT	E OF DEA	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	1000
	1. DECEDENT'S NAME (First, Middle, Las)	MASON	•		2. DATE OF DEATH MONTH DAY	YEAR 8 A MA
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	7 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS.  8 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Veer)	BIRTHPLACE (State or Foreign Country)
ron	9a. FACILITY NAME (IT not institution, give Autom C-AM)	dens Nuks	1	TY, TOWN OR LOCATION OF DE	EATH 9c. COUN	NTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUN	тү	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL (	100. STREET AND NUMBER	ord nel		10f. ZIP CODE		ZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	IS. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 VES 2 NO Specify		14. RACE — American Indian, Black, White, etc.
B	15. DECEDENT'S ED	de completed)	16a. DECEDENT'S USUAL (Give kind al work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSINESS/IND	DUSTRY
COMPLET	Elementary/Secondary (B-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	LABUR		ME (First, Middle, Malden Surname)	
BE CO	190 INFORMANT'S NAME (TOOPTIN)	Burne		Em.	mA Willi	AMS
5	manil Blar	Vron	1613	Winford	Route Number, City or Town, State, Zip	bala.md
	20e. METHOD OF DISPOSITION 1 Quriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	Juliny m	(Name of cemetery, crematory or	20c, LOCATION -	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE I	mud from	0	22. NAME AND ADDRESS OF FA	Eurelent C	~
		e. List only one cause on as	ch line.		ch ae cardiec or reepiratory arr	rest, Approximete interval Between Oneet end Deeth
	iMMEDIATE CAUSE (Finel disease or condition resulting in daath)	a	O (O ~ CONSEQUENCE OF):	Ca		Ones end been
NOI	Sequentially list conditions,	ъ	CONSEQUENCE OF):			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	CDUE TO (OR AS A	CONSEQUENCE OF):			
CERT	resulting in deeth) LAST	d				
DICAL	PART II. Other significant condition	ons contributing to death bu		underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: MEDI		15 Un	4		-   -	1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ntient 3 DOA 4	26. PLACE OF DEATH (Ch MER: Nursing Home 5  Residence		
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d, DEŞCRIBE HOW INJURY OC	CURED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY	At home, farm, street,		261. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLET	need only				a to the cause(a) and menner as state time, data and place, and due to the	
BE CC	296. SIGNATURE AND TITLE OR CERTIF		rec	29c. LICENSE NU		TE SIGNED (Month, (Fey, Year)
T0	30. NAME AND ADDRESS OF PERSON.	THO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print)	R 4. D 21	201	11 (7)
	31. DATE FILED (Month, Day, Year)  APR 21 1992	32. REGISTRAR'S SIGNA			<u> </u>	



3. TIME OF OEATH

4:35

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BERTHA

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	229-20-6		5. SEX		yra. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	90. FACILITY NAME (If not is		1 M 2 2 F	80	YRS.					6	2 1		Virg	
œ								OR LOCATIO					TY OF DEA	ТН
DIRECTOR	Liberty Med	CEDENT (	enter			Ba	Ltir	more (	City	7		1	N/A	
	10a. STATE	10b. COUNTY	1			Y, TOWN O		-					10	d. INSIDE CITY
- 1	Maryland	N/A			Bal	_timo:	re (	City					1,	LIMITS?
	10s. STREET AND NUMBER							. ZIP CODE						AT COUNTRY?
	3520 Hiltor	Road						21215				U.S	.A.	
	11. MARITAL STATUS  1 Never Merried 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	- 11	yes, sp	ENDENT OF ecify Cuben 2 X NO	, Mexicar	n, Puerto	i? (Specify Yes Ricen, etc.)	or No-	14. RACE — Black, V Speq#y: Whit	American Indian, White, etc.
3	15. DEC (Specify on	CEDENT'S EDU	CATION completed)	1	8e. DECEDENT'S	USUAL OC	CUPATIO	ON st of working		16b	KIND OF BUS	INESS/INDU		
COMPLE	Elementary/Secondary ( 10th Grade	0-12)	College (1-4 or 5		Home Ma	se retired )	uring mo.	st or working		F	Home			
2	17. FATHER'S NAME (First, M Kelly Granv	ville S	laughter					Fleda	a Ma	e Fl	widdle, Maiden : etcher	:		
2	Virginia Ma		nn		POLITA	AODRESS	(Street e	nd Number o	or Rural A	loute Numi	ber City or Town	, State, Zip (	2200	1
	20a. METHOD OF DISPOSIT		-	20h Bi	LACE ANO DATE				-TĀII	OAT		ATION - C		
	t. Suriel 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other	on 3 🗆 Remo	oval from State	cemete Ga	rdens c	ine place	ith	Ceme	terv	4/1	7 Balt	imore	Ma.	ryl and
į,	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		,	22. N	AME AN	D ADDRES	S OF FAC	YLITY			7	
	Kath	lun	m. Me	no	han .	Jol	n (	Mi.	ller	, In	C.	nro	Maxx	land 2120
	23. PART I. Enter the d	iseasea, or c	omplications the	t caused ti	ha de th. Do a	not enter t	ha mo	de of dyln	g. auch	as card	lac or reapir	atory arre	at.	Approximate
CERTIFICATION	Sequentially list condit if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inju- that initiated eventa resulting in death) LAS	diata ING Iry		Sep	ONSEQUENCE OF									
- 18	PART II. Other algnifica	int condition	contributing to	death but	not resulting	n the und	eriving	Cause of	van la E	Don't I	24e. WAS AN /	urranau.	1	
							oriying	cadaa gi			PERFORI	MEO?	AM CC OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO	MEDICAL					28 Pt	ACE OF DEA	ATH Cha	at ==1: ==	-1			
2	EXAMINER?		HOSPITAL:	ER/Outpatio	ent 3 🗆 DOA	OTHER:		5 🗆 Resi			11 1-			
Sin Ting	27. MANNER OF DEATH  1 Natural 5	Pending Investigation	28a. DATE OF (Month, Da	INJURY ny, Yber)	28b. TIM		8c. INJU	JRY AT			CRIBE HOW IN	JURY OCCU	RED	
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COMPL	29a. CERTIFIER (Check only one) 1 CERT MEOI	CAL EXAMINER	CIAN: To the best of R: On the bests of ex	my knowledg	ge, death occurre nd/or investigatio	d at the tim	e, deta d	end place, e	end due to	o the cau Ime, date	se(s) and menr end place, end	due to the	l. ceuse(s) en	d manner es ateted.
. 11	29b. SIGNATURE AND TITLE	- Mr	yhe.			-		29c. LICEN	SE NUME	56		29d. DATE :	SIGNED (Mo	onth, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	CHA N	E OF OEATH	LIBE	Priori)	1	1.0	EN	TEI	R		11-0	
		992	32. REGISTRAL		7.4.10									

Bertha Lee Morey

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH

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3. TIME OF DEATH

2. DATE OF DEATH MONTH

Doris B. MacCubbin

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2
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Doris MACCUBBIN April 18 1992 4:00 pm 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Weer) 06-01-1907 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 216-56-3412 1 M 2 K F Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Franklin Square Hospital DIRECTOR Baltimore County RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY Maryland Baltimore County Baltimore 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 6600 Ridge Road 21237 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 TONO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 8 +) 6th Grade Home Maker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Gerald Garrettson notified at Clara BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy D. Westfall 1226 Berke Avenue, Baltimore, Maryland 21237 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Immanuel Cemetery 4/21 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. alhlun mar 6415 Belair Road, Baltimore, Maryland 21206 medical 23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death DIRECTOR: After this certificate has been signed by the attending physician and completely filler hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, 100 disease or condition___ Small Bowel Obstruction 10 DAys resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Adenocarcinoma - Unknown MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS **AVAILABLE PRIOR TO** 1 TYES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED marked. 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) -3 Suicide 6 Could not be COMPLETED 28 4 Homicide Hem CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL O TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as ateted. 29b. SIGNATURE AND JUTLE OF CERTIFIED 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 142 32 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 600 mothy 31. DATE FILED (Month, Day, Year) his Davidson-Randale 40

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J	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa	
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	2/2-60-5/5	5. SEX 6. AGE (In yrs. Ia	F UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR	AS MIN. (Month, Day, Year)	8. BIRTINPLACE (State or Foreign Country) PALTOMS
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TO BE COM	19a. INFORMANT'S NAME (Type/Pring	Edden "	b. MAILING ADDRESS (Smet and Num	Jarian Bi	Wn, Spite, Zip Code)
	20e JETNOO OF DISPOSITION 1 J. Burlet 2 Committee 3 Re 4 Donation 5 Q Other (Specify)	moval from State Canaling on	AND DATE OF DISPOSITION (Name of implies or other place)	Paus BATE POL	OGATION — City or Joyin, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE POLON	22. NAME AND ADD	PRESS OF FACILITY,	COISVILLE, MID
	23. PART I. Erner the diseases, prehock, preheart failure	complications that caused the de Liat only one cause on each line	eath. Do not enter the mode of	dying, such as cardiac or rea	piratory arrest, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Syntic	durk		Onset and Death
ATION	Sequentially list conditions,	B DUE-TO-LON AS A CONSE	LIMA DUENCE OF:	0 (	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	· Barte	will end	oughtib	n
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	OHIVM	and chin	vii leal	FINAL TES	RMED? AMALABLE PRIOR TO
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YSIC	1 1 YES 2 DAG	HOSPITAL:  1 A Incestion 2 - ER/Outpellent 3	OTHER:	Residence 8 C Other (Specify)	100
TED BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Max)	28b. TIME OF 28c. INJURY AT WORKS 1 VES 2		INJURY OCCURED
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, factory, office	201. LOCATION (Street City or Reen, State	and Number or Rural Ricula Number.
OMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PNY:	SICIAN: To the best of my knowledge, de IER: On the basis of examination and/or	ath occurred at the time, date end plants occurred at the time, date end plants occurred at the common date occurred at the common date.	ace, end due to the cause(e) end mi	inner as stated, and due to the ceuse(e) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIE	lem	(M) 29c.)	ICENSE NUMBER	29d. DATE SIGNED (Month) Day, Year)
10	30, NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DEATH (ITE	127) (Type, Print) RATO 1946	W. BALT.	J. BALT MO21X
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THE CNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ifficate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE (	F MARYL				IEALTH AND DEATH	MENTAL HY	YGIENE EG. NO.	92	10993
	1. DECEDENT'S NAME (First, Middle	le, Last) JULIU	JS A.	MORRA	YE			2. DATE OF D	EATH 4/20	792 VEAR	3. TIME OF DEATH  2200 M
	4. SOCIAL SECURITY NUMBER 120-12-5319	1 5. SEX	) F 7	(In yrs. last birthdi	MONTHS	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	,1920	8. BIFTI Cour CA	HPLACE (State or Foreign try) LIFORNIA
TOR	98. FACILITY NAME (If not institution, give street and number)  ST. AGNES HOSPITAL  RESIDENCE OF DECEDENT				96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE					OUNTY OF	DEATH
DIRECTOR		COUNTY		10c.	CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY
	MARYLAND	HOWARI	)		EI	LICO,	TT CITY				1 TES 2 NO
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ő	17. FATHER'S NAME (First, Middle, I					-	18, MOTNER'S N	AME (First, Middle,	Maiden Surnam	0)	
BE (	JULIUS A. MORR	AYE					MELAI	NIE BOO	KSTALL	ER	
10 E	19a. INFORMANT'S NAME (Type/Pri	•						I Route Number, Ch			
-	ARLENE S. MOR		IFE)	323	4 GRE	ENWA	Y DRIVE	ELLICOT	T CITY	,MD.	21042
	20a, METHOD OF DISPOSITION  1		20b	AKE VIE	TE OF DISPO	ORIA!	me of L PARK	DATE 4/23/92	20c. LOCATION		Cown, State LLE, MD.
	21. SIGNATURE OF FUNERAL SER	Witche	Low		1	EROY	EDMONDS	JSSELL C	E. CATO	NSVIL	NERAL HOMES
CERTIFICATION	23. PART 1. Enter the disease shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the	a. Con DU	Cause on e	sch line.	o not enter	time!	her	unnolo	or reapiratory	srrest,	Approximata Interval Between Onset and Desth  1-Z baus  years years
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	3 Sulcide 6 Could 4 Nomicide determ	DOM:	CE OF INJURY ding, atc. (Spec	— At home, tars	n, atreet, fa	ctory, affici		261. LOCATION City or Tow	(Street and Num m, State)	nber or Rural	Route Number,
COMPLETED		G PNYSICIAN: To the be EXAMINER: On the beats									s) and manner sa stated.
O BE C	296. SIGNATURE AND TITLE OF CE		Jan	eller	MD		29c. LICENSE NI	UMBER 5/7/	294. 0	DATE SIGNE	O (Month, Day, Year)

32 REGISTRAR'S SIGNATURE

1992

TO THE HOSPITAL AND PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNENT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	HARRY	JAMES	- 1	IRK			2. DATE OF OEATH MONTH APRIL 20,	19	YEAR	1130 A
4. SOCIAL SECURITY NUMBER	5. SEX		. lest birthday)	IF UNDER 1 YEAR	# UNDE	8894	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
219-10-9090	XXM 2   F	68	YRS.				NOV. /,192	3	MARY	LAND
90. FACILITY NAME (If not institution, give street end number).  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  BALTIMORE									ATH	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY		10c, CIT	Y, TOWN OR LOC	TION		1-			IN INCIDE CITY
MARYLAND -				.,		IMORI	7			IOd. INSIDE CITY LIMITS?  XX YES 2 \( \sqrt{1}\) NO
10e. STREET AND NUMBER				1	M. ZIP COD		<u> </u>	100 CIT		IAT-COUNTRY?
310 LONG ISLAND		21229					S.A.	ALT SONTHIT		
11. MARITAL STATUS	1/12. WAS DECEOF	NT EVER IN U.S.	ARMED	13. WAS OF			C ORIGIN? (Specify Ye			- American Indian.
1 Never Married Married 3 Wildowed 4 Divorced	FORCES?	YES 2 MAR OR DATES	□NO `	If yes, s	pecify Cube S 2 NO	n. Mexican	Puerto Rican, etc.)		Black, Specif;	WHITE .
15. OECEDENT'S ED (Specify only highest grad		16a.	. OECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me. Do NOT us	work done during n se retired.)	OST OF WORK	9				
	4		STATE	SENATOR			POLITIC	S		
17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAM	NE (First, Middle, Malden	Surneme)		1
BERNARD P. McGUI	LRK				AN	GELA	TOTZAUE	R		
19a. INFORMANT'S NAME (Type/Print)							oute Number, City or Tow			W 753
RACHEL McGUIRK	(WIFE	)	310 L	ONG ISL	AND A	VENUE	E, BALTIMOR	E, MA	RYLAN	D 21229
20e. METHOD OF DISPOSITION  XXBuriel 2	noval from State	20b. PLA	CATHE	DRAL CEI	ame of	Y 4/	OATE 20c. LO 24/92 BAL			
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1	-1	22. NAME		SS OF FAC	ILITY			
23. PART I. Emér the disesses, Dr	A	Le		1630	EDMON	DSON	SELL C. WI AVENUE, CA	TONS	VILLE	
Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. Due to	OR AS A CON	ISEQUENCE OF	F): F):	Lal.	<i>+</i> n	farches			
							-			
PART II. Other significant condition	Δ.	- ( )					- Jam	IMED?	0 6	MAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	feel ness	es la t	ale C	C 20 26. I	e couse		- Jam	IMED?	0 6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	ET Outpation	ale C	26. I OTHER: 4   Nursing Ho	LACE QF D	EATH (Chec	ck only one)	Tho Has	ed !	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 27. MANNER OF DEATH	feel ness	ER/Outpation	alc C	26. I	PLACE OF D	EATH (Checkers)	— Jan- ck only one)	Tho Has	ed !	OMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 10 10 10 10 10 10 10 10 10 10 10 10 10	HOSPITAL: 1   Inpetion   2 2ee. DATE Of (Month, L.)	ES D F SERVOutpetient F INJURY Pay, Year)	C C C C C DOA 20b. TIMJ	28. I OTHER: 4   Nursing Ho E OF 28c. IN WRY W 1	LACE OF D	EATH (Checkers)	ck only one)	Tho Has	ed !	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	HOSPITAL: 11 Inpetient 2 Of (Month, L.	ES D F SERVOutpetient F INJURY Pay, Year)	C C C C C DOA 20b. TIMJ	26. I	LACE OF D	EATH (Checkers)	ck only one)	NJURY OC	CURED	MALEABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpetient 2 C 28e. DATE 28e. PLACE C building.	SER/Outpetiend SER/Outpetiend FINJURY Ay, Your) FINJURY — Ai etc. (Specify)	26b. TIMI	26. I OTHER: 4   Nursing Ho E OF   28c. IN URY   1     street, factory, offi	LACE QF D THE 5 THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	EATH (Checked of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	ck only one)  G Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the cause(a) and main	NJURY Oct	CURED or Rural Room	MALEABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 900
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 27. MANNER OF DEATH  1 Vertural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 ( 200. DATE OF (Month, L 280. PLACE C building, SICIAN: To the best of a	SER/Outpetiend SER/Outpetiend FINJURY Ay, Your) FINJURY — Ai etc. (Specify)	26b. TIMI	26. I OTHER: 4   Nursing Ho E OF   28c. IN URY   1     street, factory, offi	LACE OF D The 5 Re JURY AT OPK? VES 2 Cee	EATH (Checked of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	ck only one)  Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  o the cause(a) and manime, date and place, er	NJURY Octaind Number	CURED or Rural Room	MALEABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 100  WE Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	FIGURE COMPLETED CAU	ER/Outpetient INJURY Jey, Year)  OF INJURY — All etc. (Specify)  If my knowledge examination end	29b. Time 1NJ t home, ferm, s , death occurre	26. I OTHER: 4   Nursing Ho E OF	LACE QF D me 5 Re DIRY AT DRIC? YES 2 e end place death occur 29c, Licit	EATH (Checkers) NO NO not due to the times NUMM	ck only one)  Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  o the cause(a) and mailme, date and place, er	NJURY Octaind Number	CURED  or Rural Roo  ed.	MALABLE PRIOR TO COMPLETION OF CAUSI IF DEATH?  VEB 2 140  Je Number,

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dect. of Health and Mental Hydiens prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF A FINAL ON PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL INFORMERS IN the this certificate has been signed by the attending physician and completely filled in by the Ite filed within 72 hours after doubt with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	A. McBRIDE	CERTIFIC	ATE OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Last, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Mid	Alovsius	Mc Bri	UNDER 1 YEAR OF UNDER 24 HR	OL-	OF BIRTH	-9	2 3. TIME OF DEATH	
185-01-9414	1×1 M 2 □ F 93		NTHE DAYS HOURS MIN	(Mon	th, Day, Year)		DENNSYLVANIA  DENNSYLVANIA	
9a. FACILITY NAME (If not institution, give		96	CITY, TOWN OR LOCATION OF		2,00		Y OF DEATH	
ST. AGNES HOSPIT		1. 1.	BALTIMORE					
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN		10c. CITY, TO	DWN OR LOCATION				10d. INSIDE CITY	
	MARYLAND BALTIMORE CA				1		1 YES 2 X N	
10a. STREET AND NUMBER			101. ZIP CODE				IN OF WHAT COUNTRY?	
117 GLENRAE DRIV	12. WAS DECEDENT EVER IN	U.S. ARMED	21228	PANIC ORIG	N2 /Specify Ves	U.S.		
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, specify Cuban, Ma: 1 ☐ YES 2 M NO Sp	rican, Puarto			4. RACE — American Indian, Black, White, atc. Specify: WHITE	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  CONTRACT				J.S. GO			
17. FATHER'S NAME (First, Middle, Last) ANDREW MCBRIDE			MARGA	RET KI				
19a. INFORMANT'S NAME (Type/Print) MARGARET MCTAMAN	Y (DAUGHTER)	196. MAILING AD 117 GLE	NRAE DRIVE	ral Route Nur	SVILLE,	State, Zip C MD 21	228	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	r complications that caused a. List only one cause on as	Shoc	A .	SON A	/E CAT	ONSVI	LLE, MD 21228 st. Approximate Interval Betto Onset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and Conset and	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Hiller Causalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle Canalle								
	ons contributing to deeth bu	t not resulting in t	he underlying cause given	In Part 1.	24s. WAS AN A PERFORM	IED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU	
PART II. Other significent condition					/		OF DEATH?	
(A)							1 /	
	HOSPITAL:		26. PLACE OF DEATH		ne)		1 /	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	tient 3 DOA 4	THER:  Nursing Home 5 ☐ Residen  F 28c, INJURY AT	ce 6 🗆 Oth	ne)	JURY OCCU	1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	1 XInpetient 2 ER/Outpet 26a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF	F 28c. INJURY AT WORK?  M 1 YES 2 NO	ce 6 🗆 Oth	ne) er (Specify)	JURY OCCU	1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Neturel 5 Pending	1 Inpatient 2 □ ER/Outpa 26a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY	F 28c. INJURY AT WORK?  M 1 YES 2 NO	26d, DE	ne) er (Specify) SCRIBE HOW IN		1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	1 Inpetient 2 □ ER/Outpe  26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY	28b. TIME Of HNJURY  At home, ferm, stree  At occurred at	FHER:   Nursing Home 5   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   R	26d. DE  26f. LO  C/h	or (Specify)  SCRIBE HOW IN  CATION (Street ar or Town, State)	od Number or	1 VES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, atc. (Specification)  25c. PLACE OF INJURY building, atc. (Specification)	28b. TIME Of HNJURY  At home, ferm, stree  At occurred at	FHER:   Nursing Home 5   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   Residen   R	26d. DE  26f. LO  26f. LO  chy  due to the ce the time, dat	or (Specify)  SCRIBE HOW IN  CATION (Street ar or Town, State)	od Number or	1 VES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 2   Accident   Investigation 3   Sulcide 8   Could not be detarmined  29a. CETTIFIER (Check only one)   MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER  20b. SIGNATURE AND TITLE OF CERTIFIER	26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, atc. (Specil  (SICIAN: To the best of my knowle NER: On the basis of axamination	At home, ferm, streety)  At home, ferm, streety)	FHER:   Nursing Home 5   Residen   Residen 5   Residen   Residen 5   Residen   Residen 5   Residen   Residen 5   Residen   Residen 5   Residen   Residen 5   Residen   Work?	26d. DE  26f. LO  26f. LO  chy  due to the ce the time, dat	or (Specify)  SCRIBE HOW IN  CATION (Street ar or Town, State)	od Number or	1 VES 2 NO RED RED Rural Route Number,	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Neturel 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE	26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, atc. (Specil  (SICIAN: To the best of my knowle NER: On the basis of axamination	At home, ferm, streety)  At home, ferm, streety)  Adde, death occurred at and/or investigation, is	FHER:   Nursing Home 5   Residen   Residen 5   Residen   Residen 5   Residen   Residen 5   Residen   Residen 5   Residen   Residen 5   Residen   Residen 5   Residen   Work?	26d. DE  26f. LO  26f. LO  chy  due to the ce the time, dat	or (Specify)  SCRIBE HOW IN  CATION (Street ar or Town, State)	od Number or	1 VES 2 NO RED RED Rural Route Number,	

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DIVISION OF VITAL RECORDS, P.O. R	9	93	63
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law require	TO THE FUNERAL DIRECTOR: After this certificate has been a	be filed within 72 hours after death with the State Dept. of Head and Marie Hopene
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стоя	4. SOCIAL SECURITY NUMBER	ee McAll:	ister			DAY	YEAR 3	TIME OF DEATH
стоя	4. SOCIAL SECURITY NUMBER						<u> </u>	
стоя	0.4.4	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR  IF UNDER 24 H		2 9:		ACE (State or Fo
CTOR	244-44-3274	1200 M 2 □ F 60			M. (Month, Day, Year)		Country)	
СТОВ	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION (		9c, COUNT		h Car
5	1906 W. Lexi	ngton Stree		Baltimore		Ju. 000111	TOT DEA	
	RESIDENCE OF DECEDENT							
DIRE	100.0001	TY		TOWN OR LOCATION			10	d. INSIDE CITY
16	Maryland  100. STREET AND NUMBER	timore			x	YES 2 🗌		
FUNERAL	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			101. ZIP CODE		10g. CITIZE	N OF WH	AT COUNTRY?
NE I	1906 W. Lexino	12. WAS DECEDENT EVER		2122			JSA	
- 11	1 Never Married 2 Married	FORCES? 1 YES	S 2 NO	If yes, specify Cuban, M	SPANIC ORIGIN? (Specify Yearlicen, Puerto Ricen, etc.)	na or No — 14	Black, V	American India Vhita, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 NO S	pecify:		Specify:	<b>Black</b>
8	15. DECEDENT'S ED		16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BL	JSINESS/INDUS	TRY	
<u> </u>	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do NOT use	,				
MP			Packer	& Loader	Atlas	Van I	line	S
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	S NAME (First, Middle, Maider	Sumame)		
BE				Fann				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or F	ural Route Number, City or Tox	vn, State, Zip Co	ode)	
	Catherine McAl	lister	1906	W. Lexingto	n St. Balt	imore	e, M	d 212
	20a. METHOD OF DISPOSITION  1 3 Burlal 2 Cremation 3 Rec	movel from State C6	9b. PLACE AND DATE OF	DISPOSITION (Name of place)	4/18/92 20c. LO	DCATION — CH	y or Town	State
	4 Donation 5 Other (Specify)	F	King Memo	orial Park	IRar	idalls	stow	n, Md
!	22. NAME AND ADDRESS OF FACILITY 638 N. Gilmor St							
	gjeag	your		Leroy Har	ris F/H Ba	1 time	re.	Md 211
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF:  A CONSEQUENCE OF:	HEART F RENAL	FAIR	URI	5	
2	PART II. Other algoriticent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDS							
AN: MEDICAL	PARI II. Other aignificent condition	na contributing to death	but not resulting in	the underlying ceuse given	1 In Part I. 24a. WAS AN PERFOI	RMED?	OF	ERE AUTOPSY FINI ALLABLE PRIOR TO MPLETION OF CA DEATH?
CH	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOORITAL		26. PLACE OF DEATH	(Check only one)			
/SICI	1 TYES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out		OTHER:	ice 6 Other (Specify)			
PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	_		M 1 YES 2 NO	_			
TEO .	3 Suicide 6 Could not be detarmined  28a. PLACE OF INJURY — At home, tarm, street, tectory, office building, atc. (Specify)  28b. PLACE OF INJURY — At home, tarm, street, tectory, office City or Town, State)							
OMPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYS 0ne)  2 MEDICAL EXAMIN	IICIAN: To the best of my know	wiedge, death occurred on and/or investigation,	at the time, date and place, end in my opinion, death occured at	due to the cause(a) and ma	nner se stated.	euse(a) an	d menner as sta
S I	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE				onth, Day, Year)
00	Julin	and L		152	9071	D 4	1/3	192
o L	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	rint)			10	
OL	R: KRY(H)	VAN MI	0 821.	N. FUTA	W ST A	1354	RL	LTIMA

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FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPART	MENT OF H			1111		
1. DECEDENT'S NAME (First, Middle, Lat	bet. C.			DEATH	PEG.  2. DATE OF DEAT MONTH	H DAY	YEAR 2:15 AM	
4. SOCIAL SECURITY NUMBER 216144665	216144668 126201 85				(Month, Day, Yes	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or I		
9a. FACILITY NAME (If not Institution, gh	Jniversity H		Betti	race C	ty .	Bed Bal	three City.	
RESIDENCE OF DECEDENT  10a. STATE  10b. COU  10c. STREET AND NUMBER	eltime	10c, CITY,	Woodla	wn			10d. INSIDE CITY	
100. STREET AND NUMBER 7266 Winnos	12. WAS DECEDENT EV		-	ZIP CODE  2 2 0 =	ANIC ORIGIN? (Specif	U.	S . VA .  14. RACE — American Indian, Black, White, etc.	
3 🔀 Widowed 4 🗌 Divorced	FORCES? 1 1 1	OR DATES	If yes, spe	city Cuban, Mexic 2 NO Spec	an, Puerto Rican, etc lly:	.)	Specify: White	
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12) UNKNOWN 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use  Electi	ork done during mos retired.)	N il of working		s Sound	System	
Herbert Morrow				Alice	AME (First, Middle, Ma Clark	ilden Surnsme)		
198. INFORMANT'S NAME (Type/Print)	Mrs. Loretta M. Chaney			19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 535 Jamestown Court Edgewood, MD 21040				
*** AXBurial 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) Lake View Mem. Park 4/24 Sykesville, MD 2). Signal uni Of Funeral Service Licensee								
· Joseph J	. W. Kells	ner	Lorin	g Byers Liberty	Funeral Road Ra	ndallst	own, MD 21133	
23. PART i. Enter the diseases, c shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Rezy	as a consequence on	fail	de of dying, su	ch aa cardiec or r	espiratory arres	Approximata interval Batwa Onset and Des	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR	insterne H	ent f	olme .			to 4/20	
PART II. Other significent conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	PART II. Other significent conditions contributing to death but not recuiting in the underlying cause give					B AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:		OTHER:	ACE OF DEATH (C				
return 8 Pending	28s. DATE OF INJU (Month, Day, Ye	JRY 28b. TIME	OF 28c. INJL	JRY AT	6 Other (Specify) 28d. DESCRIBE He		RED	
3 Suicide 6 Could not t	2 Accident 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							
	YSICIAN: To the best of my liner: On the best of sxamir						i. cause(s) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIF	TER ) Ltna	e han		29c. LICENSE NU	IMBER	29d, DATE 5	SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAUSE OF		^	itchn	unt h	10.	1 20 19 2	
			7-	11000	V			

APR 1 1992 Sept. March

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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Chicago .
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	1 - FOR STATE OF MARY REGISTRAR	LAND / DEPARTA CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE 9	2 10998
	1. DECEDENT'S NAME (First, Middle, Lest) MIC	HAEL E. I		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	MICHAEL LIPKA  4. SOCIAL SECURITY NUMBER  5. SEX  6. AG		Place and the second	4 20	92 1.25%
	213-01-3317 1 M 2 D F	Was MO	UNDER 1 YEAR IF UNDER 24 HRS.  YTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	a. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give street and number)	14	. CITY, TOWN OR LOCATION OF D	9-22-17 DEATH Sc. COU	MARYLAND INTY OF DEATH
OR	CHURCH HOSPITAL	_	BALTIMORE CT		
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY
DIR	MD		TIMORE		LIMITS?
AL	10e. STREET AND NUMBER		101. ZIP CODE	10g. CIT	IZEN OF WHAT COUNTRY?
FUNERAL	607 S. ROSE STREET		21224	US	A
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YE FORCES? 1 YE	3 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec		14. RACE — American Indian, Black, White, stc. Specify: WHITE
LED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USE	done during most of worldng	16b. KIND OF BUSINESS/INI	
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)	iffe. Do NOT use re	tired.)	D.1. T.0	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	OPERATOR		BALTO. CON  AME (First, Middle, Meiden Surname)	TRACTING
ш	JOHN LIPKA		in morrier a re	AME (1931, MILLOW, MEIDER SURFERING)	
TO B	19e. INFORMANT'S NAME (Type/Print)			Route Number, City or Town, State, Zij	
	MRS. JOHANA LIPKA			BALTO. MD.	
	20g, METHOD OF DISPOSITION 1	b. PLACE AND DATE OF D	SPOSITION (Name of 4-23 CEMETE	RY BALTO.	City or Town, State
	21, BIGNATURE OF FUNERAL SERVICE LICENSEE	- OTANIE		FUNERAL HOM	
	Towned XXXXXXX	ush:	2525 FLEET	ST. BALTO .	E
	23. PART i. Eger the diseases, or complications that ceus shock, or heart fallure. List only bris cause on	ed the death. Do not	enter the mode of dying, sur	ch as cardiac or respiratory an	rest,   Approximate
	IMMEDIATE CAUSE (Final				interval Between Onset and Death
	disease or condition a. RENM	A CONSEQUENCE OF):	NE		
7	Sequentially list conditions . SLEYS S	,			
CERTIFICATION	if any, leading to immediata	A CONSEQUENCE OF):			
S	CAUSE (Disease or Injury	A CONSEQUENCE OF):			
	that initiated events reaulting in death) LAST	A CONSEQUENCE OF):			
	C. I July				
CAL	PART II. Other significant conditions contributing to death		e undarlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	CHUEUSIIIS-BUIL			1 TES 2 NO	COMPLETION OF CAUSE DF DEATH?
2 7	900000000000000000000000000000000000000				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)	
IYSI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  26. DATE OF INJURN	Ipatient 3 DOA 4	HER: Nursing Home 5 ☐ Residence		
PH	1 Netural 5 Pending (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED
D BY	2 Accident Investigation 3 Suicide a Could not be 28e. PLACE OF INJUI	Y — At home, farm, stree		28f. LOCATION (Street and Number	or Rural Route Number,
ETE	4 Homicide determined			City or Town, State)	
COMPLETED	29e. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my kno				
00	2 MEDICAL EXAMINER: On the beels of examinat	on and/or investigation, in	my opinion, death occured at the	time, data and place, and due to the	ne cause(e) and manner as stated.
BE	296. SIGNATURE AND TYPLE OF CERTIFIERS	110	29C. LICENSE NU	MBER 29d. DAT	E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pro:	ادارا	33	120172
		DWAY BALJ		21231	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE	THE PROPERTY OF		
	APR 21 1992 Julia Varidon	Acada Co			

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Vurs after death. Page 6 may be retained by the hospita	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral director and the funeral direc	the Mynthia I. follows after death with the State Depth. In result and mental argument in some upon the medical examiner must be notified at once. Another than 20 is marked on Home 22 shows any injury or other transmissions of its marked on Home 22 shows any injury or other transmissions are supported to the medical examiner must be notified at once.
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CERTIFICATION

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REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF BEATH 3. TIME OF DEATH 0600 EARL CHEVIS NUTTALL 6. SEX 4. SOCIAL SECURITY NUMP 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 11-17-1925 HOURS MARYLAND DAYS BHTHON MIN. 220-14-6712 1)(XM 2 | F 66 YRS. 9a. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 115 TRAILWAYS ROAD BALTIMORE MIDDLE RIVER RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MIDDLE RIVER 1 TES 2 NO MARYLAND BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 115 TRAILWAYS ROAD 21220 U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES I 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES NO Specify: 1 Never Merried 2 Merried 3 Widowed XX Divorced WHITE 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) U.S. POST OFFICE MAIL CARRIER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) OELA MARIE GARRETT ALEXANDER CHEVIS NUTTALL 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State Zin Code) 2027 PAULETTE ROAD APT 204 BALTO. MD DONNA MAY DELGILIDICE 21222 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State LORRATNE PARK CEMETERY 4/20/92 BALTIMORE. MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 20 23. PART I. Enter the diseases, Dr complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximats Interval Between Onset and Daath IMMEDIATE CAUSE (Final disesse or condition resulting in death) Hente myscard DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatiant 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 5 Pending 1 YES 2 NO Investigat 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 007632 M.D Venovan 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTO MAYONO M.D. DUNDALK AVE. 212 2112 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE wie Devidon

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.						
	Angela Owens-Bey		2. DATE OF DEA	TH	YEAR 4-35 PM	
TED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (In yrs. less birth  214-44-0260  1 □ M 2 26 45 YF	"	HRS. 7. DATE OF BIR (Month, Day, ) 1 - 2 7	H 1907) 47	B. BIRTHPLACE (State or Foreign Country)	
	9e. FACILITY NAME (If not institution, give street end number)  Mercy Hospital	Baltimore	OF DEATH		Maylona TY OF OEATH	
	106. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY					
	10e STREET AND NUMBER				1 X YES 2 NO	
	2515 Ashland Avenue			10g. CITIZEN OF WHAT COUNTRY?		
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. Was DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO If yee, specify IF YES, GIVE WAR OR DATES  13. WAS DECEOENT EVER IN U.S. ARMEO If yee, specify I YES 2 NO If yee, specify I YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES 2 NO III YES		IT OF HISPANIC ORIGIN? (Specify Yee or No— later Rican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  Specify: Black			
	(Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY					
MPLET	Comp	A 1	or A	T+T	100-	
E C0	17. FATHER'S NAME (First, Middle, Last) Walter P. Horton Town			ME (First, Middle, Meiden Surneme)  L Goodman Watson		
TO BE	19e. INFORMANT'S NAME (Type/Print)	LING ADDRESS (Street and Number or	0			
	200 METHOD OF DISPOSITION 2016, PLACE AND D.	ATE OF DISPOSITION (Name of	ST. B	e. LOCATION - CH	A D i	
	Dentition 5 Other (Specify) Meadon Kidge Mem. PK 4-6-92 Balto, MD.					
	23. PART I. Entar that disasses, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest,  Approximate					
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Dasth  Onset and Dasth  Onset and Dasth  Onset and Dasth  Onset and Dasth  Out TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):					
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part		PE	IS AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AO	
	25 WAS CASE REFERENCE TO MEDICAL					
PHYSICIAN:	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Dipatient 2 ER/Outpatient 3 DOA  OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)					
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28s. DATE OF INJURY (Month, Day, Year)  28c. TIME OF INJURY AT WORK?  1 YES 2 NO					
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COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(e) and menner as stated.					
BE	Supplied AND TITLE OF CERTIFIER  AND TITLE OF CERTIFIER  2900		NSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  3/31/92		SIGNED (Month, Day, Year)	
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	APR 2 1 1992 June Daydon Mintelle					

